## L15000026126

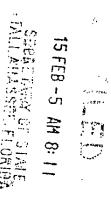
(Re	equestor's Name)	<u></u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	egistration Se vision of Cor			
SUBJECT:	: GRI	NT YOUNG Name of Lin	LLC nited Liability Company	··
The enclose	ed Articles of	Organization and fee(s) ar	re submitted for filing.	
Please retur	m all correspo	ndence concerning this m	atter to the following:	
	6	IRANT YOU	Name of Person	<u> </u>
	(	GRANT YOUN	G LLC Firm/Company	
	36	10 NORTH PA	LOMINO TERRAC Address	E
			FLORIDA 34 ity/State and Zip Code  g g mail. com if for future annual report notifica	
For further i		oncerning this matter, plea		,
GRA	NT You Name o	NG at (_ f Person	651 331-1465 Area Code Daytime Tel	gephone Number
Enclosed is	a check for th	e following amount:		
\$125.00 File	ing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
GRANT YOUNG LI	LC	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LL	_C.")
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
3610 NORTH PALOMINO TERRACE BEVERLY HILLS, FLORIDA 34465	3610 NORTH PALOMING BEVERLY HILLS, FLO	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must designate	te an individual or
The name and the Florida street address of the regist	stered agent are:	
GRANT	Young Name	
3610 NORTH P.	ALOMWO TERRACE	
Florida street address (P.O.	. Box NOT acceptable)	
BEVERLY HILLS	FL 34465 Zip	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the	accept the appointment as registered agent sions of all statutes relating to the proper an	and agree to act in this nd complete performance
0.0	Signature (REQUIRED)	FEB -5 A
`	e1 of 2	AM 8: II

"AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
OWNER /MGR	GRANT YOUNG
	3610 NORTH PALOMINO TERRAC BEVERLY HILLS FLORIDA 34465
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 9
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