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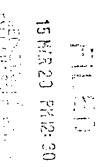
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



600270039996

03/20/15--01020--023 **125.00



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CCT: GROOVY OWL LLC Name of Lim	ited Liability Company			
The en	closed Articles of Organization and fee(s) are	e submitted for filing.			
Please	return all correspondence concerning this ma	atter to the following:			
	MATTHEW D POWELL PA	Name of Person		-	
		Name of Ferson			
	MATTHEW D POWELL PA	Firm/Company	.	-	
		rim/Company			
	304 S PLANT AVE	Address		-	
		Address			
	TAMPA, FL 33606	ity/State and Zip Code		_	
_		nystale and zip code	Pro	<u></u> -	
S	UPPORT@GROOVYOWL.COM E-mail address: (to be used	for future annual report notification)		5 Min	
For fu	ther information concerning this matter, plea	ise call:	(本) (本) (5) (5)	in 20	ales anestes eles anestes el
MATT	HEW D. POWELL PA at (_8	313) 222-2222	* 17 = * . 177	T9;	1
WAL	Name of Person	Area Code Daytime Telephone Number		<u> </u>	•••••
Enclos	ed is a check for the following amount:		•		
☑ \$125.0	00 Filing Fee Status Status	Certified Copy (additional copy is enclosed) \$\begin{array}{c} \text{\$160.00 Fili} \\ \text{\$Certificate of carditional copy} \\ \text{\$certified Co} \\ \text{\$(additional copy} \end{array}	of Status &		
	Mailing Address	Street/Courier Address			
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GROOVY OWL LLC			
(1)	Aust end with the words "Lim	nited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Addres The mailing address and		nal office of the Limited Liability Co	mpany is:
Principal Office Addr	ess:	Mailing Address:	
304 S PLANT AVE	<u>. </u>	304 S PLANT AVE	
TAMPA, FL 33606		TAMPA, FL 33606	
The name and the Flori	da street address of the regist	tered agent are:	
	MATTHEW D POWELL F		Torco
	MATTHEW D POWELL F	PA	Ac 3
	MATTHEW D POWELL F	PAlame	15 MAR 20
	MATTHEW D POWELL F N 304 S PLANT AVE	PAlame	15 KAR 20 F
	MATTHEW D POWELL F N 304 S PLANT AVE Florida street address (P.O.	PA lame Box NOT acceptable)	15 MAR 20 FM

(CONTINUED)

Page 1 of 2

REOUIRED SIGNATURE: Signature of a normber or an authorized representative of a member.	<u>Title:</u>	Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: 3/1/2015 (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a a first degree felony as provided for in s.817.155. F.S.) Listy Library Typed or printed name of signee Filling Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			
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