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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 2 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grife Law Office, PLLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsey H. Grife

Name of Person

Grife Law Office, PLLC

Firm/Company

450 State Road 13 N - Suite 106 - PMB 316

Address

Saint Johns, Florida 32259

City/State and Zip Code

Chgrife@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chelsey Grife

904

230-0025

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE - Name:

The name of the Limited Liability Company is:

GRIFE LAW OFFICE, PLLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

450 State Road 13 North
Suite 106 - PMB 316
Saint Johns, Florida 32259

Mailing Address:

450 State Road 13 North
Suite 106 - PMB 316
Saint Johns, Florida 32259

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JAY S. GRIFE

Name

450 State Road 13 North - Suite 106 - PMB 316

Florida street address

Saint Johns
City

Florida
State

32259
Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address;

MGR

Chelsey H. Grife
450 State Road 13 North - Suite 106 - PMB 316

Saint Johns, Florida 32259

MGR

Jay S. Grife

450 State Road 13 North - Suite 106 - PMB 316

Saint Johns, Florida 32259

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The business of Grife Law Office, PLLC shall be in rendering legal services to clients.

REQUIRED SIGNATURE:

Chelsey H. Grife
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Chelsey H. Grife

Typed or printed name of signee

Filing: Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)