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(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	o #)	
PICK-UP	☐ WAIT	MAIL.	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	GRANTAL, LLC CT:
SCDUL	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	John H. Haswell
	Name of Person
	Chandler, Lang, Haswell & Cole, P.A.
	Firm/Company
	Post Office Box 5877
	Address
	Gainesville, FL 32627-5877
	City/State and Zip Code betboy@bellsouth.net
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	John H. Haswell 352 376-5226
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional cop

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

RTICLE I - Name:	
ne name of the Limited Liability Company is:	
GRANTAL, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
e mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5402 NW 97th Street	P.O. Box 358110
Gainesville, FL 32653	Gainesville, FL 32635
TICLE III - Registered Agent, Registered Office, & Rene Limited Liability Company cannot serve as its own Registerer business entity with an active Florida registration.)	
e name and the Florida street address of the registered agen	.t are:
John H. Haswell	
Nan	ne
726 NE 1st Street	
Florida street address (P.C). Box NOT acceptable)

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..

FL

State

Gainesville

City

Registered Agent's Signature (REQUIRED)

32601

Zip

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorize	ed Member	Name and Address:	
"MGR" = Manager AMBR	_	BOYPRO, LLC 5402 NW 97th Street Gainesville, FL 32653	- -
	<u></u>		-
	_		- - -
-	_		- -
(Use attachment if nec	cessary)		
If an effective date is listed, the date of filing.)	is block does not meet the on the Department of State	e applicable statutory filing requirements, this date will ne's records.	
•	, , ,		
This of I am a	Signature of a member document is executed in a ware that any false informitutes a third degree felong	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	
	Турс	ed or printed name of signee	e
\$125.00 Filing Fee	for Articles of Organiza	Filing Fees: ation and Designation of Registered Agent	5 55 55

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)