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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	ə #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Division of Corporations
SUBJEC	GrandparentsGuide, LLC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Andrea Breznay
•	Name of Person
	GrandparentsGuide LLC
	Firm/Company
	PO Box 110656
	Address
	Naples, Florida 34108
	City/State and Zip Code andrea@grandparentsguide.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Andrea Breznay 239 2490779 at (
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\sum \text{\$130.00 Filing Fee & Certified Copy} \text{Certified Copy (additional copy is enclosed)} \text{\$\sum \text{\$160.00 Filing Fee, 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 I - Name: The name of the Limited Liability	ty Company is:				15 NOV
	.,			7 <u>7</u> 7	
GrandparentsGuide,	LLC			77 f	9
(Must end	with the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	· · · ·	<u> </u>
ARTICLE II - Address:				그분건 (1):	<u> </u>
The mailing address and street a	ddress of the principal	office of the Limited	Liability Company is:	27. 27.	23
<u>Princip</u>	al Office Address:		Mailing Address:	• •	
659 Nottingham Driv	ve		3ox 110656		
Naples, FL 34109	<u></u>	Napl	es, FL 34108		<u>-</u> -
					_
The name and the Florida street	address of the registere Andrea Breznay	ed agent are:			
	<u> </u>	Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	659 Nottingham Dr	ive			
	Florida street address (P.O. Box NOT acceptable)		1.4.5		
	Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)		
	Florida street addre Naples	ss (P.O. Box <u>NOT</u> ac FL	34109		

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	6- NON
		=
President	Andrea Breznay	ر ۲
Testgent	659 Nottingham Drive	
	Naples, FL 34109	_
Vice-President	Florian Vlad	
	7965 Preserve Circle, Apt. 732	—
	Naples, FL 34119	_
	L. COU	
EV: Effective date, if other than the ective date is listed, the date must bof filing.) the date inserted in this block does not be determined.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to enot meet the applicable statutory filing requirements, this date winent of State's records.	
ective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to one meet the applicable statutory filing requirements, this date wi	
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to one the applicable statutory filing requirements, this date with the state's records.	
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the	e specific and cannot be more than five business days prior to one meet the applicable statutory filing requirements, this date wi	ll no
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida State false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S.	ll no

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)