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ALABAMA SECRETARY OF REVENUE

JAN 5 2016
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRACE ENTERPRISES INTERNATIONAL, LLC
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:

JOHN A. ROLLO, IV

Name of Person

Firm/Company

P.O. Box 1548

Address

Silver Thorne, Co 80498

City/State and Zip Code

jariv45@yahoo.com

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

For further information concerning this matter, please call:

JOHN A. ROLLO, IV at (970) 409-7101

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

A DECLARATION OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

GRACE ENTERPRISES INTERNATIONAL, LLC

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

ARTICLE II - Address

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

Principal Office Address

9103 AVENUE POINTE CIRCLE
W 101
ORLANDO, FL 32821

Mailing Address

9103 AVENUE POINTE CIRCLE
W 101
ORLANDO, FL 32821

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

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

The name and the Florida street address of the Registered Agent are:

Princeton Rollins
Name

8131 VINELAND AVENUE #259

Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32821
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated by 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 registration as registered agent as provided for in Chapter 601, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

JOHN A. ROLLOW, IV
P.O. Box 1548
SILVERTHORNE, CO 80498

Sheila D. Rollow
P.O. Box 62128
Colorado Springs, CO 80962

(Use attachment if necessary)

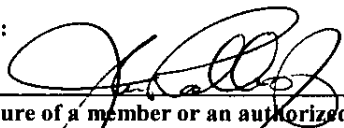
ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2016 (OPTIONAL)

(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.

REQUIRED SIGNATURE:



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.
JOHN A. ROLLOW, IV

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA