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SECRETARY OF STATE
TALL AHASSEF FLORIDA

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Grills NGold 2LC  Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Afficies of Organization and ree(s) are submitted for fining.
Please return all correspondence concerning this matter to the following:
David Guevara Name of Person
Firm/Company
1570 = Dign tation Clare D.
15205 Plantation Oaks Dr Address
Tampa .fL 33647
City/State and Zip Code
Tampa, fL 33647  City/State and Zip Code  GrillSandgald & gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Greevara at (813) 943-4012  Name of Person Area Code Daytime Telephone Number
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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mu	St end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and s	treet address of the principal office of t	he Limited Liability Company is:		
<u>P</u>	rincipal Office Address:	Mailing Address:		
15205 Tamba	Plantation Jaks Dr	15205 Plantation Caks Dr Tomas PL 33647		
	53617			
ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, & Registered agent and active Florida registration.)	red Agent. You must designate an individual or	16 API	oper Color
ARTICLE III - Register (The Limited Liability Coanother business entity w	mpany cannot serve as its own Register ith an active Florida registration.)  street address of the registered agent at David C	red Agent. You must designate an individual or	<b>A</b> PR	ir ika jeta
ARTICLE III - Register (The Limited Liability Coanother business entity w	mpany cannot serve as its own Register ith an active Florida registration.)  street address of the registered agent at David Contact Name	red Agent. You must designate an individual or  SECULATION ASSECTION ASSECTI	APR 28 A	(Fe, 15)    Se   154    Se   154
ARTICLE III - Register (The Limited Liability Coanother business entity w	mpany cannot serve as its own Register ith an active Florida registration.)  street address of the registered agent at David Contact Name	red Agent. You must designate an individual or  SECULATION ASSECTION ASSECTI	APR 28 A	ir ika jeta
ARTICLE III - Register (The Limited Liability Coanother business entity w	mpany cannot serve as its own Register ith an active Florida registration.)  street address of the registered agent at David David Name  15 205 Plan  Florida street address (P.O. E	re:  NOTE OF THE PROPERTY OF T	APR 28 A	ike,di ganish

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGK - Wallagel	15205 Plantation Oaks Dr
	Tampa , FL 33647
	David Guevara
fective date is listed, the date must be spo of filing.)	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be speof filing.)  If the date inserted in this block does not nument's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be spend of filing.) If the date inserted in this block does not nument's effective date on the Department of LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department of LEVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree Day	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. einformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.