# L16000112589

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# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Grafits, 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:
Samanthe Lewey
Firm/Company
1556 Marcia Ave
Jalanassee FL 22310
mail address: (to be used to the annual report notification)
For further information concerning this matter, please well
Sarrantha Lowey (BD) 408-2631 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

### 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 Company is:		
(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:  Mailing Address:  Mailing Address:		
Tallahassee, Fi 3230 E Same		
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:  Name  Name	16 JUN	
15Qe Marcia Ace Florida street address (P.O. Box NOT acceptable)	0	
Tallahassee De 33310	FH PP: 04	Ų.
Having been named as registered agents and to accept a rvice of process for the above stated limited liability on approach the place designated in this certificate. There by accept the appointment as registered agent and agree to act in this captaity. I further agree to comply with the provisions of all calculated relating to the proper and complete performance of my faties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 1/8.	**	,
Registered Agent's S(gnature (R/QUIRED)		

Page 1 of 2

(CONTINUED)

The name and address of each person authorized	d to manage and control the Limited Liability Com	pany:	
Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	Samantha Lewer	1	
AMBR	Clames Hutchens 192 Tobacco Pd Havener Er 3223	240 	
<del></del>			
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filin (If an effective date is listed, the date must be specific a the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of State	and cannot be more than five business days prior e applicable statutory filing requirements, this date	to or 90 day	
ARTICLE VI: Other provisions, if any.			· ,
		· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE	y took Our		
This document is executed in a large state of the l	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Norda Smation submitted in a document to the Department	Statutes. of State	
( / jame	y as provided for in s. 817.155, F.S.  ANTON Levey ed or printed name of signee		
		E SS	16 J
	Filing Fees: ation and Designation of Registered Agent	全部	<b>=</b>
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Fing rees: ation and Designation of Registered Agent	ALASSI.	01 MI

ARTICLE IV-

Page 2 of 2