

L16000123395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

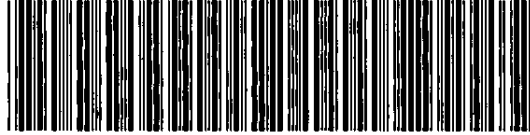
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*will be 31410*

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16 JUN 30 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*1/1*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grey Pilgrim Books and Maps

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Doris Kelly

(Contact Person)

(Firm/Company)

802 Shallow Brook Ave

(Address)

Winter Springs, FL 32708

(City, State and Zip Code)

dorisk3@yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Doris Kelly

at ( 732 ) 995-1647

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2016

DORIS KELLY  
802 SHALLOW BROOK AVE  
WINTER SPRINGS, FL 32708

SUBJECT: GREY PILGRIM BOOKS AND MAPS  
Ref. Number: W16000034410

We have received your document for GREY PILGRIM BOOKS AND MAPS and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The General Partnership has to be listed on our records in order to convert.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 116A00009941

6/27/16

Valerie Herring

Regulatory Specialist II, New Filing Section

Florida Dept of State

Div. of Corporations

PO Box 6327

Tallahassee, FL 32314

Dear Ms. Herring,

X Please find enclosed our corrected documents. Our business was originally listed as a sole proprietorship. I have enclosed copies of your original letter to me and a corrected copy of the form.

Best wishes,

Doris Kelly

802 Shallow Brook Ave

Winter Springs, FL 32708

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Grey Pilgrim Books and Maps LLC

(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:

802 Shallow Brook Ave,  
Winter Springs, FL 32708

### Mailing Address:

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:

Doris Kelly

Name

802 Shallow Brook Ave

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

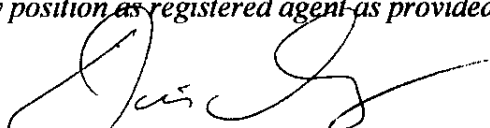
Winter Springs FL 32708

City

Zip

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TALLAHASSEE FLORIDA

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Doris Kelly

802 Shallow Brook Ave.

Winter Springs, FL 32708

John Kelly

802 Shallow Brook Ave.

Winter Springs, FL 32708

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TALLAHASSEE FLORIDA

(Use attachment if necessary)

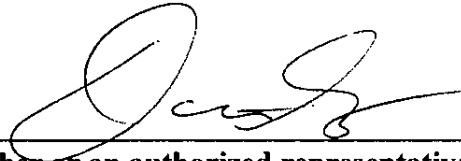
**ARTICLE V:** Effective date, if other than the date of filing: May 1, 2016 (OPTIONAL)

(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.

Doris Kelly

Typed or printed name of signer

**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)**