L/6000/55499

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





700288906587

08/15/16--01015--015 **125.00

16 AUG 15 PM 3: 06

SECRETARY OF STATE DIVISION OF CORPORATIONS

EFFECTIVE DATE 08/12/16

1 08/22/16

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gresswell Acquisitions ((LC)) 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:		
Christie Gress Name of Person		
Gresswell Acquisitions "22C"		
5660 Deer Path Lane		
Sanfad, FL 32771 City/State and Zip Code Cohen Christical yahoo (Om E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Christie Gress at 467 625-4648 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 & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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:
5660 Oper Path Lare	5660 Deer Path Lane
Santare, FL	Sanford, FL
32771	

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

5600 Deer Path Lave

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

Santord FL 3277
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 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)

Page 1 of 2

16 AUG 15 PM 3: 06

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager AMGR	Jake Gress 5660 Deer Path Lane
	AMBR	Christie Gress 560 Decr Path Lane
		Sanford, FL 32771
	(Use attachment if necessary)	
If an e he dat <u>Note:</u>	ffective date is listed, the date must be see of filing.)	the of filing: August 12th 2016 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as not of State's records.
the doc		

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.

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)

REOUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2