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NAME:

GRIFFIN HOME SERVICES, LLC

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	C	OVER LETTE	CR			
	gistration Section vision of Corporations					
SUBJECT	Griffin Home Services, LLC					
SOBJECT		Limited Liability	Company			
The enclose	d Articles of Organization and fee(s)	are submitted for	or filing.			
Piease retur	n all correspondence concerning this	matter to the fol	lowing:			
	Stephen M. Kindseth, Esq.					
		Name of P	erson		•	
	c/o Zeisler & Zeisler, P.C.					
		Firm/Com	pany		•	
	10 Middle Street, 15th Floor					
		Addres	S			
	Bridgeport, CT 06604					
d	anacasey@gmail.com	City/State and	Zip Code		•	
_	E-mail address: (to be us	ed for future and	ual report notifica	ation)		
For further in	formation concerning this matter, ple	ase call:				
· -	Barbara O'Brien at (203	368-4234			
	Name of Person	Area Code	Daytime Telepho	ne Number		
Enclosed is	a check for the following amount:					
\$125.00 Fil	S 130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C	reet Address ew Filing Section ivision of Corpora lifton Building 61 Executive Cen allahassee, FL 323	ter Circle	16 SEP -1 181	777

FILED

16 SEP -1 (A) (0:0)

Automor Onora aparto, a controlle	IDA LIMITED LIABILITY COMPANY
FICLE I - Name:	
name of the Limited Liability Company is:	
Griffin Home Services, LLC	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
FICLE II - Address: mailing address and street address of the principal office o	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
135 Tate Lane	135 Tate Lane
St. Johns, FL 32259	St. Johns, FL 32259
FICLE III - Registered Agent, Registered Office, & Reg Limited Liability Company cannot serve as its own Register her business entity with an active Florida registration.)	tered Agent. You must designate an individual or
•	
Dana Star Casey Nam	e

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...

FL

State

32259

Zip

St. Johns

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page I of Z

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Thomas F Casey, Jr.
	135 Tote Lanc
	St. Johns, FL 32259
AMBR	Danz Star Casey
	135 Tate Lane
	St. Johns, FL 32259
AMBR	Amy Blizabeth Taylor
	356 Summercove Circle
	St. Augustine, FL 32086
(Use attachment if necessary)	
LEV: Effective date, if other than the fective date is listed, the date must of filing.) I the date inserted in this block does ment's effective date on the Depart	the date of filing:
EV: Effective date, if other than the fective date is listed, the date must of filling.) I the date inserted in this block doe	be specific and cannot be more than five business days prior to or 90 do s not meet the applicable statutory filing requirements, this date will not be
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