L16000 177430

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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T HENDERSON SEP 2 3 2016



September 14, 2016

KIMBERLY GREY 13500 RODGERS ROAD, SUITE 1013 LARGO, FL 33771

SUBJECT: GREY INVESTMENTS, LLC

Ref. Number: W16000063634

We have received your document for GREY INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000097520 (GREY INVESTMENT LLC).

Please return 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.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 516A00019653

09/20/2016 14:32 727	5309264	THE UPS STORE	PAGE 02704
(850) 245-6051.		ATTE	=: langa
TO: Registration Se Division of Cor	porations	Response	nse per your last as a result legection letter of lending name of
SUBJECT: LTRE	/ TWVESTMEN! Name of Limited I	iability Company LLC.	(N/60000636
The enclosed Articles of	Organization and fee(s) are subm	nitted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	imberly And	ne of Person	
-GRI	EV Investm	V ~	FLorida, LLC.
13500	Rodgers R	# 1013 Address	
Lar	go, FC	3377/ ate and Zip Code	
- Gre	unvestments	ate and Zip Code To Gmal. ature annual report notification)	Com
For further information of	oncerning this matter, please cal	1:	
Kimberh	grey a	Area Code & Daytime Teleph	3925 none Number
Enclosed is a check fo	r the following amount:		
Previously f	O\$130.00 Filing Fee & C Certificate of Status 0414 by Check	\$155.00 Filing Fee & A Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy, (additional copy is enclosed)
	Maiting Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
GREY Investments 7 of Florida, LLC. (Must cold 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:
13500 Rodgers au Snone Soute 1013 Largo, 71 33771
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 13500 Rodgers Road #1013 Florida street address (P.O. Box NOT acceptable) Laugo FL 3377/
City, State, and 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 ar registered agent as provided for in Chapter 608, F.S
Registered Agent's Signature (REQUIRED) (CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
"MGRM" = Managing Men	nher
MGR Managing West	Kimberly Am Grey 15500 Kodgers Ane Suite 1018 Large FL 33771
	Largo,
MGRM	Coborn Investments Inc
	56379
(Use attachment if necessary	v)
effective date is listed, the	er than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business
o or 90 days after the date o	f filing.)
REQUIRED SIGNATURE	E: Mala Mary
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REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any constitutes a third deconstitutes a third deconstitutes at the deconstit	is a member of an arthorized representative of a member. section 608 408(3), Florida Statutes, the execution of this document nation under the penalties of terjury that the facts stated herein are true. false information submitted in a document to the Department of State
REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any	section 608 #08(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the 1) epartment of State egree felony as provided for in s \$17.155, F.S.) Typed or printed name of signed
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