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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Grade A Entertainment, LLC Name of Limited Liability Company
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:
Andre Russ
Name of Person
Firm/Company
82 Grant Rd.
Address
BZ Grant Rd. Address Havana, FL 32333 City/State and Zip Code russandred 840 gmail.com
russandred 840 gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andre Russ # (850, 210-6803
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee, \tag{\$160.00 Filing Fee} \$160.00 Filing Fee, \tag{\$160.00 Filing Fe
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grade /	Enterf	4 nuc	ut // Coany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add				
BZ Gran- Havana, FL	Office Address:		Malling Address 82 Grant Ro Havana, Fl 3	s : 2333
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own	Registered Age		ridual or
The name and the Florida street a	ddress of the registered	lagent are: Name		
	82 Gran	nt Rd		
	Florida street address Huvana		37333 	
	City	State	Zip	
Having been named as registered at place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appo visions of all statutes re	ointment as regi elating to the pro	stered agent and agree to act in oper and complete performance	this capacity. I of my duties, and I
	Registe	ered Agent's Si	gnature (REQUIRED)	

(CONTINUED)

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<u>Title:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	11 7
AMBR	Andre Kuss
	82 Grant Rd.
	Havaha, Fl 32333
MGR	Walter Godette
1 1 9 1 9	606 Hawkins St
	Tallchassee, FL 32305
	, , , , , , , , , , , , , , , , , , ,
	
V: Effective date, if other than the tive date is listed, the date must filing.)	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 on not meet the applicable statutory filing requirements, this date will not
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ARTICLE IV-

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