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SECRETARY OF STATE

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COVER LETTER

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	y Filing Section ision of Corporations		
SUBJECT:	Against the Grain Wood Do	esign - Father and Son, LL	C.
5020251	Name of L	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
-	G	arry Eugene Frommelt	
		Name of Person	
	Against the Grain W	ood Design - Father and Sor	n, LLC.
		Firm/Company	
_	1065	5 Saint Andrews Road	
		Address	
_	Boynton	Beach, FL, 33436	
		City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notification	on)
For further info	ormation concerning this matter, plea	se call:	
•	Mary Stratos at (561) 703-4440	0
	Name of Person	Area Code Daytime Telephone	Number
Enclosed is a	check for the following amount:		
\$125.00 Filis	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	the Grain Wood Desig			
(Must conta	in the words "Limited Liab	oility Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office	e of the Limite	d Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Addres	<u>ss</u> :
10655 Sa	aint Andrews Rd.		10655 Saint Andre	ws Rd.
Boynton	Beach, FL 33436		Boynton Beach, FL 33	436
The name and the Florida street a		ent are: lugene Fror	nmelt	
The name and the Florida street a				
		ame		
	10655 Sa	int Andrews	s Road	
	Florida street address (P			
	Boynton Beach	FL	33436	
	City	State	Zip	

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager AMBER	Garry Eugene Frommelt
(A)(()()()	Boynton Beach, Ft 33436
	
•	ate of filing. February 27, 2017 (OPTIONAL)
ctive date is listed, the date must be f filing.) the date inserted in this block does not not seffective date on the Department's effective date on the Department.	ate of filing: February 27, 2017 . (OPTIONAL) specific and cannot be more than five business days prior to or 90 do to the meet the applicable statutory filing requirements, this date will not be ent of State's records.
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not be determined.	specific and cannot be more than five business days prior to or 90 do of meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does named its effective date on the Department.	specific and cannot be more than five business days prior to or 90 do but meet the applicable statutory filing requirements, this date will not be ent of State's records.
E V: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does neart's effective date on the Department's effective date on the Department's effective date.	specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be not of State's records.
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CV: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does neart's effective date on the Department's effective date on the D	the meet the applicable statutory filing requirements, this date will not be the of State's records. NA member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)