

L170000094493

(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:

Office Use Only



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04/28/17--01014--025 **2.50

03/31/17--01031--016 **122.50

FILED
17 APR 28 PM 2:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/28/17



LLC 125

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2017

GRAHAM STEEVES
3411 NE 8 AVE
OAKLAND PARK, FL 33334

SUBJECT: GRAHAM'S AUTOMOTIVE AND RACING LLC
Ref. Number: W17000028126

17 APR 28 PM 1:27
OFFICE OF THE CLERK OF THE SUPREME COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32301-1000

We have received your document for GRAHAM'S AUTOMOTIVE AND RACING LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The converting Florida entity must be active on our records.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must complete ARTICLE VI and the REGISTERED AGENT HAS TO SIGN. ARTICLE VII REMOVE COMPANY NAME LIST THE INDIVIDUALS NAME.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 317A00006367

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Grahams Automotive and Racing L.L.C.
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:

Graham Steeves
Name of Person

Firm/Company

3411 ne 8th AVE OAKLAND PARK
Address

Fla 33334
City/State and Zip Code

Gramerthehammer@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graham at (754) 368 0862
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ~~\$125.00~~ \$125.00 Filing 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grahams AUTomotive and Racing LLC.
(Must contain 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:

3411 W 8TH AVE
OAKLAND PARK
FL 33334

SAME

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:

Graham Steeves
Name

3411 W 8TH AVE
Florida street address (P.O. Box **NOT** acceptable)

OAKLAND PARK FL 33334
City State Zip

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TALLAHASSEE FLORIDA

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.

Graham Steeves
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:
Graham Steeves
3411 W 8TH AVE
OAKLAND PARK FL 33334

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Graham Steeves
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)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
17 APR 28 PM 2:58

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