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| (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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Office Use Only

N. SAMS

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November 6, 2017

JEFFREY GRIM 14820 SUMMERLIN WOODS DR FORT MYERS, FL 33919

SUBJECT: GRIMTECH MACHINERY LLC.

Ref. Number: W17000088598

We have received your document for GRIMTECH MACHINERY LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 717A00022394

COVER LETTER

| | lew Filing Section Division of Corporations | | |
|---------------------------------------|--|--|--|
| SUBJECT | Grimtech Machinery LLC. | | |
| oo by ise | Name of Limited Liability Company | | |
| The enclos | sed Articles of Organization and fee(s) are submitted for filing. | | |
| Please retu | rn all correspondence concerning this matter to the following: | | |
| | Jeffrey Grim | | |
| | Name of Person | | |
| | Grimtech Machinery LLC | | |
| Firm/Company 14820 Summerlin Woods Dr | | | |
| | | | |
| | Fort Meyers, FL 33919 | | |
| | City/State and Zip Code Jeffg@kdcapital.com | | |
| | E-mail address: (to be used for future annual report notification) | | |
| For further is | nformation concerning this matter, please call: | | |
| | Jeffrey Grim 260 417-5783 | | |
| | Name of Person Area Code Daytime Telephone Number | | |
| Enclosed is | s a check for the following amount: | | |
| \$125.00 Fi | S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | 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 1 - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------------------------|
| Jeffrey D. GRIM | 2.745 240 SANDI YEVESTATES DE HZAS |
| Clearwater, FL 33767 | Clearwater, FL/ 33767 |

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:

240 SAND VEY ESTATES
Florida street address (P.O. Box NOT acceptable)

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 as provided for in Chapter 605, F.S..

gisjered Agent's Signature (REQUIRED)

(CONTINUED)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

17 HOV 20 PM 4: 33