

L180000009854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

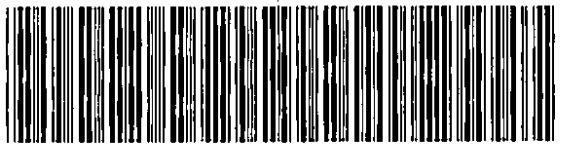
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JAN 16 2018

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

URTIS GRACE LLC

Signature _____

Requested by: BA

Name _____

Walk-In _____

1/12/18

Date _____

Time _____

Will Pick Up _____

_____	Art of Inc. File _____
_____	LTD Partnership File _____
_____	Foreign Corp. File _____
☒	L.C. File _____
_____	Fictitious Name File _____
_____	Trade/Service Mark _____
_____	Merger File _____
_____	Art. of Amend. File _____
_____	RA Resignation _____
_____	Dissolution / Withdrawal _____
_____	Annual Report / Reinstatement _____
☒	Cert. Copy _____
_____	Photo Copy _____
☒	Certificate of Good Standing _____
_____	Certificate of Status _____
_____	Certificate of Fictitious Name _____
_____	Corp Record Search _____
_____	Officer Search _____
_____	Fictitious Search _____
_____	Fictitious Owner Search _____
_____	Vehicle Search _____
_____	Driving Record _____
_____	UCC 1 or 3 File _____
_____	UCC 11 Search _____
_____	UCC 11 Retrieval _____
_____	Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CURTIS GRACE LLC

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:

CHAD C. ALLEN

Name of Person

CURTIS GRACE LLC

Firm/Company

2245 W MARSHFIELD CT

Address

PORT SAINT LUCIE, FL 34953

City/State and Zip Code

chadthehope@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MORIAH JENKINS

772

460-6786

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$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:

CURTIS GRACE 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:

2245 W MARSHFIELD CT
PORT SAINT LUCIE, FL 34953

2245 W MARSHFIELD CT
PORT SAINT LUCIE, FL 34953

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:

CHAD C. ALLEN

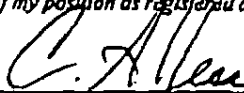
Name

2245 W MARSHFIELD CT

Florida street address (P.O. Box **NOT** acceptable)

<u>PORT SAINT LUCIE</u>	<u>FL</u>	<u>34953</u>
City	State	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 as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMDR

Name and Address:

CHAD C. ALLEN

2245 W MARSHFIELD CT

PORT SAINT LUCIE, FL 34953

RANIYAH ZAKY

242 SW EYERLY AVE

PORT SAINT LUCIE, FL 34983

(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. 817.135, F.S.

CHAD C. ALLEN

Typed or printed name of signer

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)

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SOUTH FLORIDA