Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000074819 3)))



H180000748193ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

: (608)827-5300 Phone

Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. ALL MY GRANDS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

N CULLIGAN

https://efile.sunbiz.org/scripts/efilcovr.exe

FILED

FAX AUDIT# <u>H1800074819 3</u>

18 MAR -7 AM 9: 25

ARTICLES OF ORGANIZATION OF ALL MY GRANDS, LLC

TALT THE STATE ORIDA

ARTICLE I

NAME

The name of the limited liability company is: ALL MY GRANDS, LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 75-24 Bloxham Ave, Jacksonville, Florida 32208.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Signature: Date: February 28, 2018

Mark Williams, A.V.P. Business Filings Incorporated

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Angela Miller, 75-24 Bloxham Ave, Jacksonville, Florida 32208

FAX AUDIT # H18000074819 3

To: Page 3 of 3

FAX AUDIT # H18 0000 74819 3

ARTICLE V

DURATION

The duration for the limited liability company shall be: Perpetual.

The Associate(s) Consortium, LLC d/b/a Maverick Consulting, Organizer

Keyin M' Smith Monhammer And Mayor Consulting of Smith

Kevin M' Smith, Member Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT# <u>H18000074819</u> 3