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(Requestor's Name)

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(City/State/Zip/Phone #)

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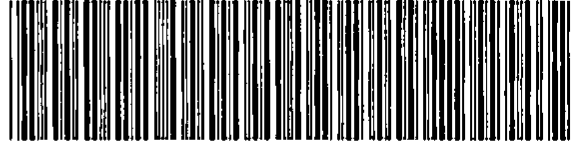
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 19 2019



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

February 8, 2019

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for
DAVID GRICE CONSULTING, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
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Total	\$ 125.00
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Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely,



John T Driscoll CPA

Enclosures

**ARTICLES OF ORGANIZATION
FOR
DAVID GRICE CONSULTING, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

DAVID GRICE CONSULTING, LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**12 BAHIA CIRCLE TRAIL
OCALA, FL 34472**

ARTICLE III. - REGISTERED AGENT

**DAVID J GRICE
12 BAHIA CIRCLE TRAIL
OCALA, FL 34472**

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



**DAVID J GRICE
Registered Agent**

Date

02/08/19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 FEB 11 AM 9:45

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ARTICLE IV. – AUTHORIZED MEMBER (AMBR)

DAVID J GRICE
12 BAHIA CIRCLE TRAIL
OCALA, FL 34472

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **FEBRUARY 10, 2019**

Signature



DAVID J GRICE

AMBR

Date

02/08/19

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TALLAHASSEE, FLORIDA