

LL9 000 133024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

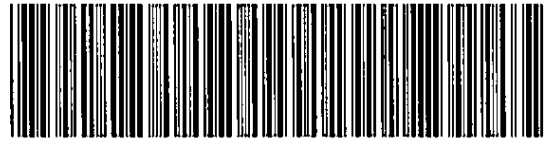
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/19--01024--008 **125.00

FILED
19 MAY 16 10 19:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAY 28 2019

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Grumbach USA, 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:

Sam Osborne, Esq.
Name of Person

Atom Law Group LLC
Firm/Company

770 N LaSalle St., Ste 700
Address

Chicago, IL 60654
City/State and Zip Code

aosbay@atom.law
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Osborne 312 943-8000
Name of Person at () 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:

Grumbach USA, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>6604 SW Woodham St.</u>	<u>120 E Lake St</u>
<u>Palm City, FL 34990</u>	<u>Addison, IL 60101</u>

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:

<u>Registered Agents Inc.</u>		
Name		
<u>7901 4th St N, STE 300</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>St. Petersburg</u>	<u>Florida</u>	<u>33702</u>
City	State	Zip

FILED
 19 MAY 16 10 09:00
 SEVENTH DISTRICT
 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..



 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

MGR

Name and Address:

Karam Karam

875 E 22nd St., Unit 210

Lombard, IL 60148

AMBR

Ghassan Abboud

6604 SW Woodham St.

Palm City, FL 34990

AMBR

Jason Shane

6807 SW Moore St.

Palm City, FL 34990-5282

AMBR

John Younes

2015 S Sinley Rd., Unit 1203

Lombard, IL 60148

FILED
19 MAY 16 PM 9:00
SECRETARIAT FLORIDA
TALLAHASSEE

(Use attachment if necessary)

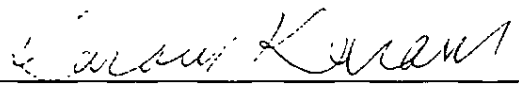
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Karam Karam, Manager

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)