

L19 000 133024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

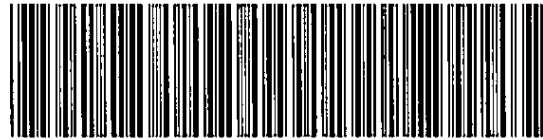
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100329398281

05/16/19--01024--003 \*\*125.00

FILED  
19 MAY 16 10 17:00  
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  
  
aazbay@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  
Area Code

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:

Principal Office Address:

6604 SW Woodham St.

Palm City, FL 34990

Mailing Address:

120 E Lake St

Addison, IL 60101

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:

Registered Agents Inc.

Name

7901 4th St N, STE 300

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

St. Petersburg

Florida

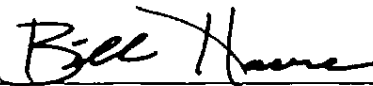
33702

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)

FILED  
19 MAY 16 PM 9:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

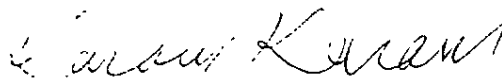
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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)

FILED  
19 MAY 16 PM 4:00  
STATE OF FLORIDA  
TALLAHASSEE