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28% OCT -7 AM 9: 52

Division of Corporations		2835 UCT = 1	28% UCT = 1 Rtt 5: 32	
SUBJECT:	GREYWHISK	ET UC		
00131.011	Name of L	limited Liability Company	,	
	ticles of Organization and fee(s)	-		
		_		
	STEPHAN I			
		Name of Person		
		Firm/Company		
	8509 LITTL	e scenic U	ANE	
		Address		
	TALLAHA	ssee FL 30	2309	
		City/State and Zip Code		
	12 2 11 7	16.6.		
	E-mail address: (to be use	ed for future annual report	notification)	
For further inform	ation concerning this matter, plea	ase call:		
an	MAHAD IDAL ON AL	050 . O.O.	C079	
<u> </u>		850 212 Area Code Daytime		
	V		, , , , , , , , , , , , , , , , , , , ,	
Enclosed is a che	eck for the following amount:			
▲\$125.00 Filing F	See \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is en	Certificate	of Status & opy
	Mailing Address New Filing Section	Street Addr New Filing S		
	Division of Corporations	Division of	Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Buil 2661 Execu	ding tive Center Circle	
		Tallahassee		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		PILEU
The name of the Limited Liability	y Company is:	2819 OCT -7 AM 9:
	GREYWHICKEY LLC	· · · · · · · · · · · · · · · · · · ·
(Must cont	ain the words "Limited Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limite	ed Liability Company is:
Princip	al Office Address:	Mailing Address:
8509 LI TAUAHA	A SSEE FL 32309	8509 LITTLE SCEMC LANG TALLAHASSEE, FL 37309
(The Limited Liability Company another business entity with an a	address of the registered agent are:	t. You must designate an individual or
	STEPHEN WALDO	<u> </u>
	8509 LITTLE SC	
	Florida street address (P.O. Box NOT	
	TACCAMAGE FL	32,509
	City State	Zip
place designated in this certificate, further agree to comply with the pr	I hereby accept the appointment as registe	the above stated limited liability company at the ered agent and agree to act in this capacity. I per and complete performance of my duties, and as provided for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV- The name and address of each person autho	rized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: 25 OCT -7 AM 9: 52 STEPHAN WALFOCH 8509 LITTLE SCENIC LAND TAUAHASSEE FL 32309
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of If an effective date is listed, the date must be specified that of filing.)	filing:
ARTICLE VI. Oner provisions, it any.	
REQUIRED SIGNATURE:	alle
This document is executed I am aware that any false in	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
STE	PHAN WALFOCH
Ί	'yped 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)

	FILLU	
289 OCT - 7	AM 9: 5	
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po/7/14		
DATE		
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