

L19000299459

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H19000359033 3)))



H19000359033ABCO

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622FILED
2019 DEC 13 AM 11:33
TAMPA FLORIDA

****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.
GRIFFIN HOLDINGS TAMPA BAY, LLC

*****PLEASE PROVIDE THE
ORIGINAL SUBMISSION
DATE OF 12/12/19*****

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRIFFIN HOLDINGS TAMPA BAY, 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:Mailing Address:18632 San Rio CircleLutz, Florida 3354918632 San Rio CircleLutz, FL 33549

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:

Don L. Barron

Name

18632 San Rio CircleFlorida street address (P.O. Box NOT acceptable)Lutz

FL

33549

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)

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

MGR _____

Don L. Barron
18632 San Rio Circle
Lutz, FL 33549

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Upon 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._____
Typed or printed name of signer**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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



December 13, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: GRIFFIN HOLDINGS TAMPA BAY, LLC
REF: W19000107867

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TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any further questions concerning your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000359033
Letter Number: 019A00025367

Taylor Seay

From: faxfinder@capitol-services.com
Sent: Thursday, December 12, 2019 3:29 PM
To: Taylor Seay
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20191212_142826_00002AE6-0000.pdf

Create Time: 12/12/2019 02:26:22 PM
Schedule Time: 12/12/2019 02:28:26 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Taylor Seay
Sender email: tseay@capitol-services.com
Sender phone: 855-498-5500
Sender fax: 800-432-3622
Sender org: Capitol Services, Inc.
Subject:
Max tries: 5
Try interval: 600
Priority: 3
Pages: 4
Recipient fax: 850-617-6381
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

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U.S. DEPARTMENT OF JUSTICE