

L200000089751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

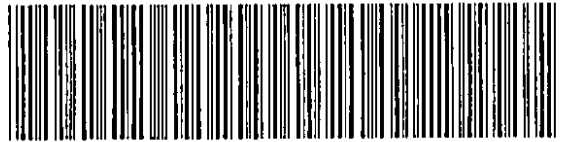
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIC

MAR 25 2020

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

<div>NAME OF ENTITY</div> <div><i>Michael H. Grunewald, LLC</i></div> <div></div> <div></div> <div></div>	FOR OFFICE USE ONLY
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PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 3/25/20 TIME _____

Notes: _____

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2020 MAR 25 AM 10: 25

ARTICLES OF ORGANIZATION
FOR

SECRETARY OF STATE
TALLAHASSEE, FL

Michael A. Grunewald LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Chapter 605, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Michael A. Grunewald LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **55 Lost Creek Trail, Crawfordville, FL 32327.**

ARTICLE IV: MANAGERS

The name and address of the initial Manager of the company is:

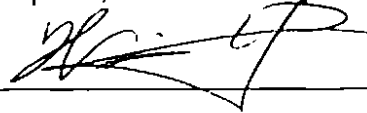
Michael A. Grunewald, Manager, 55 Lost Creek Trail, Crawfordville, FL 32327

ARTICLE V: REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent of the company is **Michael A. Grunewald, 55 Lost Creek Trail, Crawfordville, FL 32327.**

The undersigned has executed these Articles of Organization this 25th day of March 2020.

“Advanced Filing and Retrieval Services, Inc. by, Weimar
Lopez, Client Representative”

A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of section 605.0113, Florida Statutes, the
aforementioned company, organized under the laws of the State of
Florida, submits the following statement designating the Registered
Agent and Registered Office, in the State of Florida.

Name of the limited liability company:

Michael A. Grunewald, LLC

**Name and address of the Registered Agent and Registered
Office:**

Michael A. Grunewald

55 Lost Creek Trail, Crawfordville, FL 32327

Having been named Registered Agent and to accept Service of
Process for the aforementioned company at the designated
place in this certificate, I hereby accept the appointment and
agree to act in its capacity, I further agree, am familiar with and
accept the obligations of my position as Registered Agent as
provided for in Chapter 605, Florida Statutes.

/s/: Michael A. Grunewald

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR 25 AM 10: 25

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