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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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April 10, 2020

New Filing Section
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

To whom it may concern:

Enclosed is the Articles of organization for Florida Limited Liability Company in the name of **Grayt Beach Rentals, LLC.** and the check of \$130.00 for the Filing Fee and certificate of status.

My information is as follows: Sharon Pisaro and Francis Pisaro, (owners), 310 E. Bayou Forest Drive, Freeport, Florida 32439. My cell phone number is 850-499-1660 (Sharon).

Sincerely,

Sharon M. Pisaro

Sharou M. Pisaro

Owner/Agent

COVER LETTER

New Filing Section

TO:

Division of Corpo	rations		
SUBJECT: GR	AYT Beac Name of Limit	Lh Rentals L ted Liability Company	LC.
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.	
Please return all correspond	ence concerning this matt	er to the following:	
	Sharon	M. PISARO Name of Person	
		Name of Person	
	Grayt P	Beach Rentals, Firm/Company	LLC.
	310 E. Gru	1012 FOREST DA	٤.,
		y/State and Zip Code	
E-m	SPISARD DF rail address: (to be used for	or future annual report notification	n)
For further information conce		·	,
Shquan M. Name o	. <i>Pisano</i> at (<u> </u>	250) 499 – 160 Daytime Telephone	<i>₩ D</i> Number
Enclosed is a check for the	following amount:		
	\$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)
P.O. Box	g Section of Corporations	Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GRAYT Beach Rontals, LLC.

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office office of the pri	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
310 E. Bayon Forest A. Freepart, 71 32439	310 E. Bayon Forest Co. Freeport, 71 32439
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent ar	
School M Name	. PisARD
310 E. Ba	you Forest Dreve
Florida street address (P.O. B	ox NOT acceptable)

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)

Frequent 71 32439 City State Zip

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	B) Sharan M. Pisaso
manager (MG	
- Manager (1110	ABA = ABA
	310 E. Breyon Frest Re.
	7/20 port, 7/ 32434
200/	ρ
AMBR(authorize	Ed FRANCIS M. PISARO
member) 310 E. Brupa Forest No.
	- 7/100pons, +1 32131
	
	
(Use attachment if necessary)	
ocument's effective date on the Depart	intent of State 3 records.
•	ment of State 5 records.
•	intent of State 5 records.
•	intent of State 5 records.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	m M. Risaro
REQUIRED SIGNATURE: Signature of	
REOUIRED SIGNATURE: Signature of This document is a lam aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State
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