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PICK-UP	WAIT	MAIL
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,	Dusiness Emily Name)	
((Document Number)	
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Special Instructions	to Filing Officer	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 506333 AUTHORIZATION/ COST LIMIT ! ORDER DATE: November 11, 2020 ORDER TIME : 4:43 PM ORDER NO. : 506333-005 CUSTOMER NO: 7131809 DOMESTIC FILING NAME: LONDON GREY BUILDERS LLC EFFECTIVE DATE: __ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY , PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

	ew Filing Sections of Co			
SUBJECT		rey Builders LLC		
SCHOLET		Name of Lin	nited Liability Company	
The enclose	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retur	n all corresp	ondence concerning this ma	atter to the following:	
	Raquel Meh	lman		
			Name of Person	
	Reed Smith	LLP		
	•		Firm/Company	
	599 Lexingt	on Avenue, 26th Floor		
			Address	
	New York N	XY 10022		
		C	ity/State and Zip Code	·
_		3-mail address: (to be used	for future annual report notificat	ion)
For further in	formation co	ncerning this matter, please	e call:	
-	Nam	· · · · · ·	rea Code Daytime Telephon	ne Number
Enclosed is	a check for th	ne 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)
	Mailin	a Address	Street Address	

.

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabilit	y Company is:		
London Grey Builder	rs LLC		
(Must cona	tin the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")
			•
ARTICLE II - Address:	ti 6.1 t t	~	
The mailing address and street ac	idress of the principal	office of the Lir	nited Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
17199 Shaddock Lan	e		17199 Shaddock Lane
Boca Raton FL 3348	7		Boca Raton FL 33487
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ow ctive Florida registrati	n Registered Ag ion.)	Agent's Signature: ent. You must designate an individual or
	Corporation Service	е Сопіралу	
		Name	· · · · · · · · · · · · · · · · · · ·
	1201 Hays Street		_
	Florida street addre	ss (P.O. Box NO	OT acceptable)
	Tallahassee	FL	32301
	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.

Corporation Service Company

By Snanda & Bluman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Eric Schwimmer
	17199 Shaddock Lane Boca Raton FL 33487
MGR	Eric Schwimmer 17199 Shaddock Lane Boca Raton FL 3348
(Use attachment if necessary)	
	ate of filing: (OPTIONAL)
effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days
effective date is listed, the date must be te of filing.) If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be lis
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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)

Raquel Mehlman
Typed or printed name of signee