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Special Instruction -	to Filing	Officer	

Office Use Only



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2021 HAY -5 AM IO: 03
SECRETARY OF STAIR

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:

New Filing Section Division of Corporations

Mailing Address

P.O. Box 6327

New Filing Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT: Grandeur Automo	Liability Company	
The enclosed Articles of Organization and fee(s) are sub- Please return all correspondence concerning this matter		
Dante Jones	ame of Person	
Grandeur Aut	motives LLC	
5704 Wingate D	Address	
Orando FL 30 City taybabyijon Orando E-mod address: (io be used fo	S 3 State and Zip Code 1 . COM r future annual report notification	n)
For further information concerning this matter, please concerning this matter.	O 110 (11)	
Enclosed is a check for the following amount: [IS125.00 Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	D\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	

New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

2021 MAY -5 AH 10: 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address: Principal Office Address:

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:

5704 Wingate Orive Florida street address (P.O. Box 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.,

(CONTINUED)

<u>Title:</u> "AMER" = Authorized Member	Name and Ad	dręss:		
"MGR" = Manager	Dank Jury 570/1 Windo	re 5 324 Drive 32639		
			SECŘET.	2021 MAY -
			Wishee HL	2021 MAY -5 - AK 10: 15
(Use attachment if necessary)				
RTICLE V: Effective date, if other than the date in effective date is listed, the date must be she date of filing.) Note: If the date inserted in this block does no he document's effective date on the Department.	t meet the applicable state	•	•	
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:				
Signature of a	thember or an authorize	ed representative of a memb section 605.0203 (1) (b). Flo	ber. orida Statutes.	

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.\$17.155. F.S.

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)