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(R	equestor's Name)	
(A	ddress)		
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(C	ity/State/Zip/Phor	ne #)	
☐ PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Na	ame)	
(Document Number)			
Certified Copies	Certificate	es of Status	
Special Instructions to Filing Officer:			

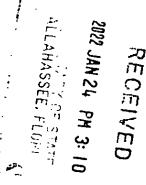
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COVER LETTER

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TO: New Filing Section Division of Corporations	
SUBJECT: Grand Rising Enterprises Name of Limited Liability Con	mpany
The enclosed Articles of Organization and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to the following	ing:
Brandi Davis	
Name of Perso	n
Grand Rising Enter	prises LLC
Pirm/Company	<i>,</i>
4541 SW 23th Terra	ce
Address	
Fort Lauderdale, Fl City/State and Zip BRANDIDAVIS 99 © E-mail address: (to be used for future annual	Code NAHOD - COM
For further information concerning this matter, please call:	
To further mornation concerning the nation prease can:	
	993 - 3925 vtime Telephone Number
The Control The Control	, and the same that the same to
Enclosed is a check for the following amount:	
✓ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 F Certificate of Status — Certified Co- (additional cop)	py Certificate of Status &
	t Address filing Section Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Liability Company is:

Grand (Must contain the	hising Enterprise words "Limited Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres	ss of the principal office of the L	limited Liability Company is:	
Principal O	ffice Address:	Mailing Addre	<u>ss</u> :
H541 SW 23 Fort Landerdale	Terrace , FL 33312	For Laudendale, FL	<u> 33312</u>
ARTICLE III - Registered Agent, I (The Limited Liability Company cam another business entity with an active	not serve as its own Registered A	d Agent's Signature: Agent. You must designate an indi	vidual or
The name and the Florida street addre	ess of the registered agent are:		
	Brandi Davis		
	1541 SW 23rd Tellorida street address (P.O. Box)		
F	ort Lauderdale FL	35312	
	City State	Zip	
Having been named as registered agent place designated in this certificate. I he further agree to comply with the provisi am familiar with and accept the obligat	reby accept the appointment as r ons of all statutes relating to the	egistered agent and agree to act in proper and complete performance	this capacity. I of my duties, and
	Bruch Du	٦	
•	Registered Agent's	Signature (REQUIRED)	
			D
	CONTIN	HEDY	· · · · · · · · · · · · · · · · · · ·

ARTICLE IV-

. . .

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

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	r
AMBR	Brandi Davis 4541 SW 23" Terrace
	Fi. Laudentale, FL 35512
-	
	
(Use attachment if necessary)	
(If an effective date is listed, the date m	n the date of filing:
the date of filing.) <u>Note:</u> If the date inserted in this block d the document's effective date on the Dep	loes not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
ARTICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
	Bunda Duis
Signatur This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State
constitutes a thi	ird degree felony as provided for in s.817.155. F.S.
	Brandi Davis Typed or printed name of signee

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)