L23000491329

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FL

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Grand Rising Investments LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob Hill Jr
Name of Person

Grand Rising Investments LLC
Firm/Company

4715 Parch Road
Address

Milton, FL 32570
City/State and Zip Code

jlex52@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacob Hill Jr 850 5290547
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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 Liability Company is:

Grand Rising Investments LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
4715 Patch Road Milton FL 32570	200 Alder Branch Ct Madison AL 35757

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:

Angel Pubill
Name

6013 Ashton Woods Circle
Florida street address (P.O. Box **NOT** acceptable)

Milton	FL	32570
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Jacob Hill Jr 4715 Parch Road Milton, FL 32570

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacob Hill Jr
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)

Kat M Larson
Commission# HH 319177
My Commission Expires
August 21 2027

Pen Air
FEDERAL CREDIT UNION

Oath or Affirmation Notary Certificate

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TALLAHASSEE, FL

STATE OF Florida

COUNTY OF Santa Rosa

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence, this:

6th **day of** October, **20** 23 **by** Jacob [illegible]
(Name of Person Acknowledging)

Personally Known ☐ **OR Produced Identification** ☑

[illegible] license
(Type and ID of Identification Produced)

[signature]
Signature of Notary Public

Notary Seal

Kat M. Larson
Commission# HH 419177
My Commission Expires
August 21, 2027

Kat [illegible]
Print Name of Notary Public

Document Description

This certificate is attached to page 3 of a Articles of Organization
(Title or Type of Document)

dated Oct 26th 20 23, consisting of 3 pages.