

L23000491329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

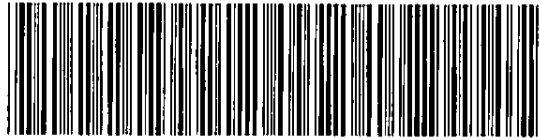
(Document Number)

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10/18/23--01015--003 **160.00

2023 OCT 18 PM 10:14
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

FILED

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 6427
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:

4715 Patch Road
Milton, FL 32570

Mailing Address:

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

6017 Ashton Woods Circle

Florida street address (P.O. Box NOT acceptable)

Milton

City

FL

State

32570

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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CLERK OF CIRCUIT
CLERK OF CIRCUIT
CLERK OF CIRCUIT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Jacob Hill Jr
4715 Parch Road
Milton, FL 32570

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DEPARTMENT OF STATE
TALLAHASSEE, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing.

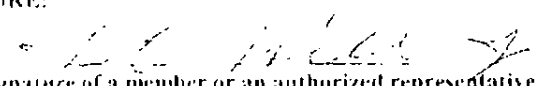
(OPTIONAL)

(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 (203 (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

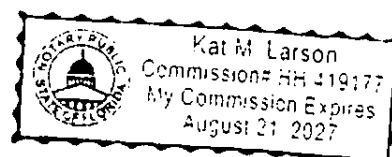
Typed or printed name of signer

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)





Oath or Affirmation Notary Certificate

STATE OF Florida

COUNTY OF Santa Rosa

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

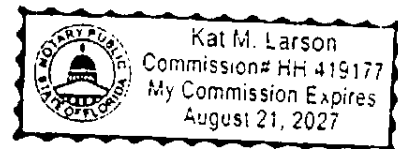
6th day of October, 20 23 by Jacob Hill Jr
(Name of Person Acknowledging)

Personally Known ☐ OR Produced Identification ☒

Driver License
(Type and ID of Identification Produced)

Kat M. Larson
Signature of Notary Public

Notary Seal



Kat M. Larson
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.

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CLERK OF COUNTY
SANTA ROSA COUNTY, FL