Division of Corporations

Florida Department of State

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(((H23000423862 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

Grey Oaks Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
GREY OAKS ENTERPRISES LLC	
(Must contain the words "Limited Liab	ility 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:	Majling Address:
	1155 SKYE LANE
1155 SKYE LANE	1755 0111 0 0111 1
PALM HARBOR, FLORIDA, 34683	PALM HARBOR, FLORIDA, 34683

The name and the Florida street address of the registered agent are:

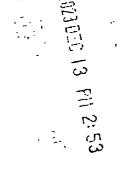
another business entity with an active Florida registration.)

MARK SHORTINO		
-	Name	
1155 SKYE LANE		
Florida street address	(P.O. Box NOT a	cceptable)
PALM HARBOR	FL	34683
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.

Taska <u>dwards</u> Tasha Edwards, Special Seretary Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARK SHORTINO 1135 SKYE LANE PALM HARBOR, FL 34683
(Use attachment if necessary)	
EV: Effective date, if other than the date	te of filing: (OPTIONAL)

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.

MARK SHORTING, MEMBER

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)