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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

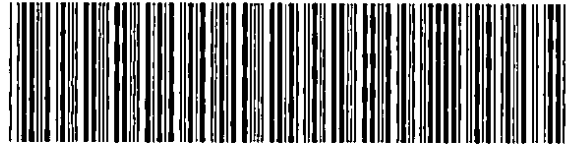
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB -8 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FL

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2024 FEB -8 AM 10:17

RECEIVED
TALLAHASSEE, FLORIDA


FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$125.00

Authorization Signature: 

BUSINESS NAME _____ **DOCUMENT #** _____

GRAYTON TRAILS LLC

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit Corp

___ Not for Profit

X Limited Liability

___ Domestication

___ LLLP

___ CORP

___ Other

___ Other

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ Articles of Conversion

___ Restated Articles of Incorporation

___ Statement of Authority

OTHER FILINGS

___ Apostille

___ Country

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Reinstatement

___ Qualification

___ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Grayton Trails 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:

John McGraw

Name of Person

Jacobs Law, LLC

Firm/Company

1117 Perimeter Center West, Suite W501

Address

Atlanta, GA 30338

City/State and Zip Code

jeff4388@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John McGraw 404 920-4487

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:

Grayton Trails 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:

51 Carlton Drive NE

Atlanta, GA 30342

51 Carlton Drive NE

Atlanta, GA 30342

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:

Paracorp Incorporated

Name

155 Office Plaza Drive, 1st Floor

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

Tallahassee

FL

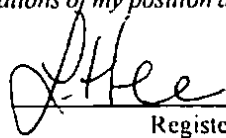
32301

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.

 Leticia Herrera, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

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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:

MGR

Jeffrey A. Lewis
51 Carlton Drive NE
Atlanta, GA 30342

(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.

The management of the Company is vested in one or Managers and governed by an operating agreement, a copy of which is maintained as a record of the Company at its principal place of business.

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.

John McGraw, Attorney in Fact

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)