

L 9900000 7686

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- GRANT ALLIANCE, L.L.C.

2-

3-

4-

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV 12 AM 9:57

FILED

WL

11/12

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 NOV 12 AM 8:16

RECEIVED

7000003041917--3
-11/12/99--01008--007
***125.00 ***125.00

Examiner's Initials

ARTICLES OF ORGANIZATION

of

GRANT ALLIANCE, LLC

ARTICLE I – Name:

The name of the Limited Liability Company is:

Grant Alliance, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

975 Broadway
Dunedin, Florida 34698

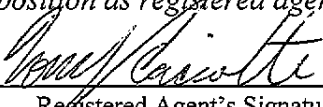
ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

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

Tony Cacciotti
Name
1035 Broadway Street
Florida street address (P.O. Box NOT acceptable)
Dunedin, Florida 34698
City, State and Zip

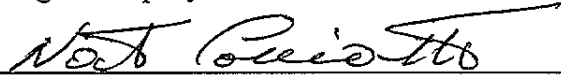
FILED
99 NOV 12 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable):

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nat Cacciotti

Typed or printed name of signee

FILED

99 NOV 12 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**