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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : 120010000025 : (786)899-2235 Phone Fax Number : (305)935-9042

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.

Grove Thomas, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

Grove Thomas, 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:

13218 WEST BROWARD BLVD.

Plantation, FL 33325

13218 WEST BROWARD BLVD.

Plantation, FL 33325

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:

Peter Gardner		
	Name	
13218 WEST BRO	WARD BLVD.	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	ceptable)
Plantation	FL	33325
City	State	Zm

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 608. F.S..

Paracitation with the state of the state of

Registered Agent's Signature (REQUIRED)

(CONTINUED)



'5-Feb-2025 17:03 Leopold Fax 3059311947 p.3

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager	iloti
Manager	Peter Gardner 13218 WEST BROWARD BLVD.
	PLANTATION, FL 33325
	
(Use attachment if necessar	9
(Use attachment if necessary	than the date of filing (OPTIONAL)
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S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S-30.00 Certified Copy (Optional)
S-5.00 Certificate of Status (Optional)