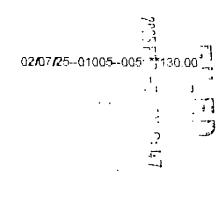
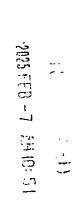
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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## **CORPORATE** ACCESS,

### When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

	PIC	K UP:	2/6 MEGHAN	_	
VV	CERTIFIED COPY			70.02	
XX	РНОТОСОРУ			- 1	
XX	CUS	GS			
XX	FILING	LLC			
1.	GRACKLE SOUND 1 (CORPORATE NAME AND DO			<u> </u>	
2.	(CORPORATE NAME AND DO	CUMENT #)			
3.	(CORPORATE NAME AND DO	CUMENT#)		· · · · · · · · · · · · · · · · · · ·	
4.	(CORPORATE NAME AND DO	CUMENT #)			
5.	(CORPORATE NAME AND DO	CUMENT #)			
6.	(CORPORATE NAME AND DO	CUMENT #)			
SPECIA	L INSTRUCTIONS:	<u>-</u>			
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### COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	Grackle Sound 11 LLC		
SUBJECT.		mited Liability Company	
The enclosed	Articles of Organization and fee(s) are	re submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
	Jason Matthews		
_		Name of Person	
	Grackle Sound 11	1 LLC	;
_		Firm/Company	_>
	301 W Platt St., #A343		= = = = = = = = = = = = = = = = = = = =
_		Address	_
	Tampa, FL 33606		
_	Jmatt@TeamABV.com	City/State and Zip Code	_
	E-mail address: (to be used	d for future annual report notification)	_
For further info	ormation concerning this matter, pleas	se call:	
<u>Ja</u>	Nan	nt ( 412) 414-4405 ne of Person Area Code time Telephone Number	
Enclosed is a	check for the following amount:		
\$125.00 Filin	S130.00 Fiting Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status of 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 of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

#### ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

	Grackle Sound 11 LLC	
(Must o	contain the words "Limited Liability Cor	npany, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal office of the L	imited Liability Company is:
	cipal Office Address: A343 Tampa, FL 33606	Mailing Address:
<del></del>		
	Agent, Registered Office, & Registere	
The Limited Liability Comp nother business entity with		d Agent's Signature: .gent. You must designate an individual or 
The Limited Liability Comp nother business entity with	any cannot serve as its own Registered A an active Florida registration.)	
The Limited Liability Comp nother business entity with	any cannot serve as its own Registered A an active Florida registration.)  eet address of the registered agent are:  Jason Matthews  Name	
The Limited Liability Comp nother business entity with	any cannot serve as its own Registered A an active Florida registration.)  eet address of the registered agent are:  Jason Matthews	
The Limited Liability Comp nother business entity with	any cannot serve as its own Registered A an active Florida registration.)  eet address of the registered agent are:  Jason Matthews  Name	gent. You must designate an individual or

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)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Jason Matthews 301 W Platt St., #A343 Tampa, FL 33606 (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 605.0203 (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.

Jason Matthews

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)

ason Matthews

\$ 5.00 Certificate of Status (Optional)