

LI9000279874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

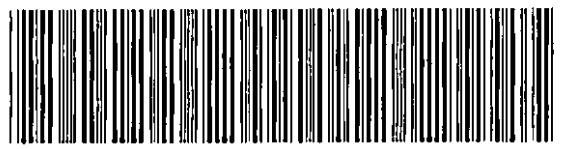
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FL

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**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312  
(850) 656-4724

DATE 11/25/2019

**\*\*WALK IN\*\***

ENTITY NAME GRU OPERATING

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

*Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 125.00

CHECK # 6904

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**ARTICLES OF ORGANIZATION  
OF  
GRU OPERATING, LLC**  
*a Florida limited liability company*

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GRU OPERATING, LLC

**ARTICLE II - Address:**

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

Principal Office Address

14 EASTERN PARK ROAD  
EAST HARTFORD, CT 06108

Mailing Address

14 EASTERN PARK ROAD  
EAST HARTFORD, CT 06108

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

PERRY F. SOFFERMAN, ESQ.  
KAUFMAN DOLOWICH & VOLUCK LLP  
100 SE 3rd AVENUE, SUITE 1500  
FORT LAUDERDALE, FL 33394

*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..*

  
Perry F. Sofferman, Esq.

By: Joseph Panholzer, Attorney-in-fact

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**ARTICLE IV - Management:**

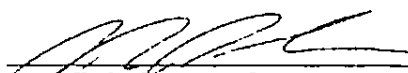
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
Authorized Member	TLP VENTURES, LLC 95 HIGH WOOD RD WEST HARTFORD, CT 06117
Manager	TODD S. LIEBMAN 14 EASTERN PARK ROAD EAST HARTFORD, CT 06108

**ARTICLE V - Existence:**

The Limited Liability Company's existence shall be effective November 25, 2019.

The undersigned authorized representative of a member executed these Articles of Organization on November 25, 2019.

  
\_\_\_\_\_  
Perry F. Sofferman, Esq.  
By: Joseph Panholzer, Attorney-in-fact