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(1)	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
	ocument Number)
Certified Copies	Certificates of Status
Certified Copies	
Special Instructions to	o Filing Officer:
Special Instructions to	o Filing Officer:
Special Instructions to	o Filing Officer:
Special Instructions to	Filing Officer:
Special Instructions to	Filing Officer:



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

Registration Section TO: Division of Corporations

SUBJECT: The Grove Park L.L.C	
(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:	
Nuri Dorra	
(Name of Person)	
	_
(Firm/Company)	-
2305 Ne 192 St	
(Address)	
North Miami , FL ,33180	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Nuri Dorra <u>at (786) 234 1461 </u> 물	5 <u></u>
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	ame: Limited Liability Com	pany is:			
The Grove Park	L.L.C				
ARTICLE II - A	Address: ress and street address	of the principal of	office of the Limi	ited Liability Con	ıpany is
Principal Office	e Address:		Mailing Addre	ess:	
2305 NE 192 St			2305 Ne 192 St		
North Miami ,FL ,	33180	_	North Miami , F	L ,33180	
		_			
	Registered Agent, Reserved Age	of the registere	d agent are:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
Having been named as re company at the place des agree to act in this capaci and complete performan regi	egistered agent and to ac signated in this certificat ty. I further agree to con ce of my duties, and I an stered agent as provided	y, State, and Zip ccept service of p te, I hereby accep mply with the pro nfamiliar with a	ot the appointmen ovisions of all stat nd accept the obli 108 Florida Statu	t as registered age utes relating to the gations of my posi	ent and e proper

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Nuri Dorra
	2305 Ne 192 St , North Miami , FL ,33180
MGRM	Elias Dorra
	2305 Ne 192 St , North Miami , FL , 33180
	ZOON SEC
	AAA
(Use attachment if necessary)	RY OF STA
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	Julius de la companya della companya de la companya de la companya della companya
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)
HURÎ	DOKRA
Typed	or printed name of signee

- Filing Fees: \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)