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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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DIVISION OF CLAPORATION TALL A RESIDENT OF CLAPORATION

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Certificate of Status					Photo Copy
Certificate of Fictitious Name					Certificate of Good Standing
Corp Record Search					Certificate of Status
Officer Search					Certificate of Fictitious Name
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COVER LETTER

Division o	f Corporations						
SUBJECT:	GRA, LLC						
	Name	of Limited Liability Co	ompany				
Dear Sir or Madam	:						
The enclosed Articl	es of Correction and fee(s)	are submitted for filing					
Please return all con	rrespondence concerning thi	s matter to the followir	ng:				
	Adele V. Stones		_				
	Name of Person						
···	Stones & Cardena	S					
	Firm/Company						
	221 Simonton Stree	et	-				
	Addiess						
	Key West, FL 3304 City/State and Zip Code	10	_				
	City/State and Zip Code						
E-mail addres	cindy@keyslaw.ne	et ual report notification)	_				
•							
For further information	tion concerning this matter,	please call:					
	iele V. Stones	at (<u>305</u>	294-0252				
N	ame of Person	Area Co	ode & Daytime Telephone Number				
STREET/COURIE Registration Section		MAILING ADDRESS: Registration Section					
Division of Corpora Clifton Building		Division of Corporations P.O. Box 6327					
2661 Executive Cer Tallahassee, Florida		Tallahassee, Florida 32314					
Enclosed is a checl	k for the following amount	•					
✓ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy				
CR2E062 (08/05)							

ARTICLES OF CORRECTION FOR

FILER

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached esticles of arganization and limited to the latter of a granization and limited to the latter of the latter of a granization and limited to the latter of the la

business days to correct the attached articles of organization or application to transaction in Florida - ALAHASSEE. in Florida. FIRST: The name of the limited liability company is: GRA. LLC The articles of organization or the application to transact business SECOND: CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Manager/Member Detail should read as follows: MGRM: Aisha Garcia, 3617 Northside Drive, Key West, FL 33040 MGR: Mark Orofino, 707 South Street; Key West, FL 33040 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: February 9 .. 2012 Dated: -Signature of a member or authorized representative of a member Mark Orofino Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L12000009056 FILED 8:00 AM January 19, 2012 Sec. Of State bbostick

Article I

The name of the Limited Liability Company is: GRA, LLC

Article II

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

3617 NORTHSIDE DRIVE KEY WEST, FL. 33040

The mailing address of the Limited Liability Company is:

3617 NORTHSIDE DRIVE KEY WEST, FL. 33040

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

AISHA GARCIA 3617 NORTHSIDE DRIVE KEY WEST, FL. 33040

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 Signature: AISHA GARCIA

Article V

The name and address of managing members/managers are:

Title: MGRM AISHA GARCIA 3617 NORTHSIDE DRIVE KEY WEST, FL. 33040 L12000009056 FILED 8:00 AM January 19, 2012 Sec. Of State bbostick

Signature of member or an authorized representative of a member

Electronic Signature: AISHA GARCIA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.