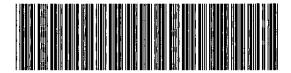
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(Re	questor's Name)	
(Ad	dress)	
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(Bu	siness Entity Na	me)
(Do	cument Number)
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SECRETARY OF STATE

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KSALY EXAMINER MAR 19 2012

COVER LETTER

Division of Corporation	ns			
SUBJECT: Grapeli Gro	oup LLC			•
		ted Liability Co	mpany	
The enclosed Articles of Organiz	ration and fee(s) are	submitted for fi	ling.	
Please return all correspondence	concerning this mat	ter to the follow	ring:	
	L	aura Mar		
	-	Name of Person		
	Cott L	aw Group	, P.C.	
		Firm/Company		
	4788 L	ong Island	d Drive	
		Address		-
	Atlan	ta, GA 303	342	
	Ci	ty/State and Zip C	Code	
F-mai	laura@o	cottlawgrou		,
For further information concerning	·			,
Laura Man	n	_ at (_770	847-080	05
Name of Person			ode & Daytime T	Telephone Number
Enclosed is a check for the fol	lowing amount:			
	00 Filing Fee & ficate of Status	Certified	iling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Regist Divisi P.O. B	ng Address ration Section on of Corporations Box 6327 assee, FL 32314	Regist Divisi Clifto 2661	Courier Address ration Section on of Corporati n Building Executive Center	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
Grapeli Group LLC	
(Must end with the words "Li	mited 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:
1126 North Atlantic Drive _antana, FL 33462	1126 North Atlantic Drive Lantana, FL 33462
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)
The name and the Florida street addres	is of the registered agent are:
1 _C	scoph Conti

Florida street address (P.O. Box NOT acceptable)

Lantana, FL 33462

City, State, and Zip

Name

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..

Registered Agent's Signature (REQUIRED)

(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:
MGRM	Joseph Conti
The state of the s	1126 North Atlantic Drive
	Lantana, FL 33462
MGRM	Jorge Cruz
	606 Riviera Dunes Way #106
	Palmetto, FL 34221
MGRM	Chris Zafiroff
	6724 Quonset Road
	Bradenton, FL 34203
MGRM	Avanti Elaykumar
	16608 Ashton Green Drive
	Luz, FL 33558
(Use attachment if necessary) ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.)	an the date of filing: NA (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	nember or an authorized representative of a member.
(In accordance with secti constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
_	Joseph Conti
	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)

- \$ 5.00 Certificate of Status (Optional)

Florida Articles of Organization Managing Members (continued)

MGRM

Sridevi Mohan

16608 Ashton Green Drive

Lutz, FL 33558

MGRM

Thomas J Hynds Jr. 4822 Ocean Blvd # 6D Sarasota Fl 34242