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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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D. BRUCE

MAY 0 7 2012

FXAMINER

COVER LETTER

' TO: ' Registrati Division o	on Section f Corporations			
SUBJECT: GR	R Financial	_		
	Name of Lim	ited Liability Company		
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
Oliver	de Mori	· · · · · · · · · · · · · · · · · · ·		
		Name of Person		
Global	Resources Registr	γLLC.		
		Firm/Company		
3440 N	orth Miami Avenue			
		Address		
Miami. F	lorida, 33127			
		ty/State and Zip Code		
info@glol	balresourceregistry.com			
	E-mail address: (to be used	for future annual report notification)		
For further informati	on concerning this matter, pleas	e call:	אל האנך האנך	
Oliver de Mori		at (305) 751-5255	AHA	7
Na	me of Person	Area Code & Daytime Te	lephone Number	_
Enclosed is a check	c for the following amount:		₩00 3	m
]\$125.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Files Fee Certificate of Slatus Certified Copy (additional copy is enclosed)	D
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

. .

ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Co	mpany is:
GRR Financial LLC.	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres Principal Office Address:	s of the principal office of the Limited Liability Company is Mailing Address:
3440 North Miami Avenue Miami, Florida, 33127	3440 North Miami Avenue Miami, Florida, 33127
	Registered Office, & Registered Agent's Signature: as own Registered Agent. You must designate an individual or another)
The name and the Florida street addre	ss of the registered agent are:
Oliver de Mori	

0440	Name	Þω	·	
3440 ľ	North Miami Avenue	LA	` ∧	,
	Florida street address (P.O. Box NOT acceptable)	HA	HAY	"]
Miami	_{FL} 33127	ARY SSE	69	=
	City, State, and Zip	OF S	3	İ

Having been named as registered agent and to accept service of process for the about miled 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)

Page 1 of 2



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	Oliver de Mori
	3440 North Miami Avenue
	Miami, Florida, 33127
MGRM	Massimo Alessio
	3440 North Miami Avenue
	Miami, Florida, 33127
	an the date of filing: May 1st 2012 . (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	» [*]
» ««سيدين»	
Signature of a n	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false constitutes a third degree	on 608.408(3), Florida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are took. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
Filing Fees:	DA DA

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)