

# L19000217490

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
2GRE LLC**

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## COVER LETTER

Tuesday, September 3, 2019

To: New Filing Section  
Division of Corporation

**Subject:**  
**2GRE LLC**  
**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:

**Kalpesh J. Patel, Esq.**  
**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel at 727-279-5037 or e-mail at [contact@flpatellaw.com](mailto:contact@flpatellaw.com)**

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**ARTICLES OF ORGANIZATION  
FOR  
2GRE LLC  
A  
Florida Limited Liability Company**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: 2GRE LLC (the Company).

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Company is

5135 Fox Trace  
Williamsville, New York 14221

**ARTICLE III**

**Registered Agent, Registered office, & Registered Agent's Signature:**

The name and the Florida Street Address of the Registered Agent are:

Chase Goodband  
3601 Kernan Blvd S, Apt 2524A  
Jacksonville, FL 32224

*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..*

Chase Goodband (sign)

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**ARTICLE IV:**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>  AMBR = Authorized Member MGR = Manager	<u>Name and Address</u>
MGR	Chase Goodband 5135 Fox Trace, New York 14221
AMBR	Ronald Goodband 5135 Fox Trace, New York 14221

**ARTICLE IV:**

The Effective date shall be the date of filing.

Chase Goodband (sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

Chase Goodband

Authorized Representative/Member