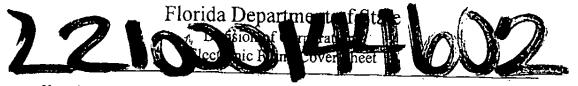
4/8/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000136274 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone Fax Number

: (800)906-9220 : (800)906-9880

Enter the email address for this business entity to be used for future a annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Gurjao Consulting LLC

Certificate of Status	ī
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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COVER LETTER

	New Flung Sc Division of Co					
SUBJEC	Gurjao Co	onsulting LLC				
55501,0	·	N	ame of Li	mited Liab	lity Company	
The enclo	sed Articles o	f Organization an	d (cc(s) a	re submitte	d for filing.	
Please ret	urn all corresp	ondence concern	ing this m	atter to the	following:	
	STEVEN V	/EISS				
				Name o	f Person	
	ALLSTATI	E CORPORATE	SERVICI	ES CORP.		
		· · · · · ·		Firm/C	отралу	
	2215 Hendr	ickson Street, Su	ite 1			
				Add	rcss	
	Brooklyn, N	IY 11234				
	FILING@AC	S123.COM	C	lity/State ar	nd Zip Code	
		E-mail address: (1	o be used	for future	unnual report notificat	ion)
For further i	information co	ncoming this mai	tor, please	call:		
	SAL ABECA	\SIS	80 at (00	906-9220	
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	New Fi Divisio	e Address ling Section on of Corporation ox 6327	s		Street Address New Filing Section Di The Centre of Tailaha 2415 N. Monroe Stree	issee ·

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

(((H21000136274 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	'ICL	EΙ	- Na	me:
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The name of the Limited Liability Company is:

Gurjao Consulting LLC

(Must contain the words "Limited 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:
547 Lake Ave.	547 Lake Ave.
Greenwich, CT 06830	Greenwich, C1' 06830

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr. Suite A

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

Taliahassee FL 32301

City State Zip

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 far in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H21000136274 3)))

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Filipe Guriao da Silveira
	24/ Lake Avc.
	Greenwich, CT 06830
<u>AM</u> BR	Crimina Carlos to City
AWOM	Cristiana Gurjao da SIlveira 547 Lake Ave.
	Greenwich, Cl' 06830
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V: Effective date, if other than tive date is listed, the date mus filing.)	the date of filing: (OPTIONAL) It he specific and cannot be more than five business days prior to or 9
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