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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILINGS, INC.

Estimated Charge

Account Number : 072720000101

: (954)791-2100

Fax Number : (954)583-4117

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FLORIDA LIMITED LIABILITY CO. GG&G, LLC

Certificate of Status Certified Copy Page Count 03

JUL 0 7 2021

T. SCOTT

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Help

\$125.00

COVER LETTER

	New Filing Se Division of Co				
SUBJEC	GG&G, L	LC			
40.4000		Nали	of Limited Li	ability Company	
The enclo	sed Articles o	f Organization and fo	e(s) are submi	tted for filing.	
Please ret	um all corresp	ouqence conceining	this matter to t	he following:	
	Staci J. Rut	ກາະນາ			
			Name	of Person	
	Rutman La	×			
			Firm	/Company	
	1680 Michi	gan Avenue, Suite 70	00		
	•		A	ddress	
	Miami Bead	th. FL 33139			
	Srutman@rut	manna com	City/State	and Zip Code	
		`	e used for futur	re annual report notifica	tion)
For further i	aformation co	ncerning this matter,	please call:		
	786		999 _at (0322	
	Nam	e of Person	Area Code	: Daytime Telephor	ne Number
Enclosed is	s a check for t	ne following amount	:		
_	Filing Fee	□\$130.00 Filing I Certificate of Stat	Fee & 🗀\$ us Cen	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 issee, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassec, FL 3230	essee er, Suite 810

{	JOI ONOMINE THOMAS	CHLORIDA LIN	ITTED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited List	bility Company is:			
OG&G. LLC (Must c	ontain the words "Limited	Liability Com	pany. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	a address of the principal	office of the Li	mited Liability Company is:	
Principal Offic	e Address:		Mailing Address:	
4603 Bluffview E	Blvd		4603 Bluffview Blvd	
Dallas, TX 75209)		Dallas, TX 75209	
	Pennt ungineeren Ottice	, ea reeProce. en		
('fhe Limited Liability Companother business entity with a	an active Florida registration	n Registered Agon.)	gent. You niust designate an individual	or
(The Limited Liability Companiother business entity with a	nny cannot serve as its over an active Florida registration	n Registered Agon.)	zent. You must designate an individual	Or
(The Limited Liability Companiother business entity with a	any camot serve as its own an active Florida registration act address of the registere	n Registered Agon.)	gent. You niust designate un individual	or
(The Limited Liability Companiother business entity with a	any cannot serve as its own an active Florida registration active Florida registered address of the registere Rutman Law	n Registered A on.) d agent are:	zent. You must designate an individual	or
(The Limited Liability Companiother business entity with a	any camot serve as its own an active Florida registration act address of the registere	n Registered A. on.) d agent are: Name	gent. You must designate an individual	or
(The Limited Liability Companiother business entity with a	any cannot serve as its own an active Florida registration active Florida registered address of the registere Rutman Law 1680 Michigan Aven	n Registered A. on.) d agent are: Name	gent. You must designate an individual	or
(The Limited Liability Companiother business entity with a	nny cannot serve as its own an active Florida registration act address of the registere Rutman Law 1680 Michigan Aver Florida street addres	n Registered A. on.) d agent are: Name nuc. Suite 700 is (P.O. Box N	gent. You must designate an individual	ог
The Limited Liability Companother business entity with a	nny camot serve as its own an active Florida registration active Florida registered address of the registere Rutman Law 1680 Michigan Average Florida street address Miami Beach City	Name Name Suite 700 FL State	OT acceptable)	

11 the further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I ant familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registed Agent's Signature (REQUIRED)

H21000259959

Wristine Guleserian 4603 Bluffview Blvd Dallas, TX 75209 (Use attachment if necessary) E.V: Effective datc, if other than the date of filing
Use attachment if necessary) 2. V: Effective date, if other than the date of filing (OPTIONAL)
Use attachment if necessary) 2. V: Effective date, if other than the date of filing (OPTIONAL)
Use attachment if necessary) I.V: Effective date, if other than the date of filing (OPTIONAL)
EV: Effective date, if other than the date of filing(OPTIONAL)
ctive date is listed, the date must be specific and cannot be more than five business days prior to of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records. EVI: Other provisions, if any.
REQUIRED SIGNATURE: Kristine Gulesesian
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statu I am aware that any false information submitted in a document to the Department of S constitutes a third degree felony as provided for in s.817.155, F.S.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statu I am aware that any false information submitted in a document to the Department of S