

8/27/201

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

2021 SEP -3 AM 8:25

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

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FLORIDA LIMITED LIABILITY CO.

G2G Partners, LLC

Certificate of Status	0
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Page Count	01
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To: 12143174754 From: Anonymous Date: 08/31/21 Time: 10:33 AM Page: 01
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August 31, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LEGALINC CORPORATE SERVICES INC

SUBJECT: G2G PARTNERS, LLC
REF: W21000119306

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000322468
Letter Number: 121A00021021

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**ARTICLES OF ORGANIZATION
FOR
G2G PARTNERS, LLC**

ARTICLE I:

The name of the Limited Liability Company is:

G2G PARTNERS, LLC

ARTICLE II:

The mailing address and street address of the principal office of the Limited Liability Company is:

**90 Almeria Ave.
First Floor
Coral Gables, FL 33134**

ARTICLE III

Registered Agent, Registered Office and Registered Agent's Signature:

**Corey E. Hoffman
90 Almeria Ave., First Floor
Coral Gables, FL 33134**

Having been named as registered agent and to accept or 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.

COREY E. HOFFMAN

By: 

**COREY E. HOFFMAN
Registered Agent**

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

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Title:
"AMBR"= Authorized Member
"MGR"= Manager

Name and Address:

MGR

GAURAV BUTANI
90 Almeria Ave., First Floor
Coral Gables, FL 33134

ARTICLE V
CONTINUATION AFTER VOLUNTARY TERMINATION

In the event of termination of the Limited Liability Company due to death, retirement, resignation, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interests then remaining shall have agreed to do so in writing.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Gaurav Butani
GAURAV BUTANI, MGR

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