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Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : WARD, DAMON & POSNER, P.A.
 Account Number : 072262000447
 Phone : (561)842-3000
 Fax Number : (561)842-3626

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

Email Address: rgorzeck@warddamon.com

FLORIDA LIMITED LIABILITY CO.
GRC GLOBAL LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H21000426976 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GRC GLOBAL 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:**4420 BEACON CIRCLEWEST PALM BEACH, FL 334074420 BEACON CIRCLEWEST PALM BEACH, FL 33407**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:

WARD DAMON BUSINESS SERVICES, LLC

Name

4420 BEACON CIRCLEFlorida street address (P.O. Box **NOT** acceptable)WEST PALM BEACH FL 33407

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



 Registered Agent's Signature (REQUIRED)

Michael J Posner, Manager

(CONTINUED)

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H21000426976 3

H21000426976 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager


Name and Address:LLOYD AANONSEN
Manager4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

LLOYD AANONSEN, MANAGER

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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H21000426976 3