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COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC	GR Techno	ology, LLC			
SOHULC		Nam	e of Limited Liabi	lity Company	
The encl	osed Articles of	Organization and f	ee(s) are submitted	l for filing.	
Please re	turn all correspo	ondence concerning	g this matter to the	following:	
	Rajeev Singl	1			
			Name o	f Person	
	GR Technol	ogy, LLC			
		<u>-</u>	Firm/C	ompany	22
	2570 Hallec	k Lane			2 AUG
			Add	ress	
	Tallahassee,	FL 32312			
		19@gmail.com	City/State a	nd Zip Code	
			be used for future	annual report notificati	
For further	r information co	ncerning this matte	er, please call:		
	Rajeev Singl	1	404 at (561-0247	
	Nam	ie of Person	Area Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amou	nt:		
	00 Filing Fee	□S130.00 Filin Certificate of St	g Fee & □\$1 tatus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divísi P.O. I	ng Address Tling Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
GR Technology, LL (Must con		_iability Com	pany. "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Li	imited Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
2570 Halleck Lane			2570 Halleck Lane
Tallahassee, FL 323	12		Tallahassee, FL 32312
	Rajeev Singh 2570 Halleck Lane	Name	
	Florida street address	s (P.O. Box <u>2</u>	GOT acceptable)
	Tallahassee	FL	32312
	City	State	Zip
place designated in this certificate further agree to comply with the p	e, I hereby accept the apport provisions of all statutes re bligations of my position	ointment as re clating to the p as registered of	for the above stated limited liability company at the egistered agent and agree to act in this capacity. It proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED)

(CONTINUED)

36 94 gr 2- 400 2-

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

MBR = Authorized Member **MGR** = Manager **AMBR** = Authorized Member **MGR** = Manager **AMBR** = Authorized Member **Tallahassee, FI. 32312 **Continued at the foliage of the state of filing of the state of the stat	Title:	Name and Address:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	-		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	AMBR	Rajecy Singh	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Tallahassee, FL 32312	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		_	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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CLE V: Effective date, if other than the date of filing:			
REOURED 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 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. Rajeev Singh Typed or printed name of Signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	(Use attachment if necessary)		
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