

9/20/22, 12:10 PM

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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 : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

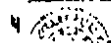
Email Address: INFO@GESTAXACCT.COM

G. YODICA, Registered

**FLORIDA LIMITED LIABILITY CO.
GRC ENTERPRISES LLC**

Certificate of Status	Before me by means	0
Certified Copy	this 15	September 20, 0
Page Count	PH, LLC, a Flor	1101
Estimated Charge	who is personal	\$125.00

Notary



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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GRC ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILVAM F DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

INFO@GFSTAXACCT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM DOS SANTOS

954

9573244

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRC ENTERPRISES 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:11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065Mailing Address:11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065

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:

GILVAM F DOS SANTOS

Name

11764 W SAMPLE RD STE 102Florida street address (P.O. Box **NOT** acceptable)CORAL SPRINGS FL 33065

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 for in Chapter 605, F.S.

[Signature] Daytime Telephone: _____

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Street Address

New Filing Section

Tallahassee, FL 32311

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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:

AMBR

GIULIANA MIRANDA CAMPOS DONOFRIO

11764 W SAMPLE RD STE 102

CORAL SPRINGS FL 33065

AMBR

REGINA VIANNA MIRANDA CAMPOS

11764 W SAMPLE RD STE 102

CORAL SPRINGS FL 33065

(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 90 days 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 listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**GENERAL SERVICES****REQUIRED SIGNATURE:***Juliana m. c. D'Onofrio*

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.

Juliana Miranda Campos D'Onofrio

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) ☐ ☒ check\$ 5.00 Certificate of Status (Optional) ☐ ☒ ☐M. M. A. 25
Name of SignerStreet Address
Name of Signer

Tallahassee, FL 32311

Tallahassee, FL 32311

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