## 133000468981

(F	Requestor's Name)	
	Address)	
,		
(/	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
\-	Sushine 30 Erany (Yurno)	
(0	Document Number)	<u>-</u>
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	
<del></del>		

Office Use Only



300396714063

SECRETARY OF STATE TALLAHASSEE, FL 2022 NOV -3 PM 5: 49

11/08/20--0.0%

2022 NOY -3 AM 8: 22

0± ;:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabi	lity Company is:			
GGR EXPRESS LLC				
(Must con	ntain the words "Limite	d Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principa	l office of the Limite	d Liability Company is:	
Principal Office Address:			Mailing Address:	
4571 SW 129TH AVE		457	4571 SW 129TH AVE	
MIAMI, FL 33175		MIA	AMI, FL 33175	
The name and the Florida stree	et address of the register	_		
	4571 SW 129TH AV	É		
		ess (P.O. Box <b>NOT</b>	acceptable)	
	MIAMI	H	33175	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the approvisions of all statutes	ppointment as registed relating to the prope	te above stated limited liability company at t red agent and agree to act in this capacity. or and complete performance of my duties, a as provided for in Chapter 605, F.S	
	(N)	L		
	Rugi	Listered Agent's Signa	ture (REQUIRED)	
		(CONTINUED)		

2022 HOV -3 PM 5: 49
SECRETARY OF STATE
TALLAHASSEF

## ARTICLE IV-

. . . . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	RUBYK ACOSTA MARTINEZ	_
	4571 SW 129TH AVE MIAMI, FL 33175	_
	MIAMI, PL 33175	_
		_
		_
		_
		_
		-
		-
		-
(Use attachment if necessary)		
Hective date is listed, the date must be of filing.) If the date inserted in this block does n	date of filing:	
flective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm  LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not need of State's records.	·
Hective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not need of State's records.	
Hective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm  LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not need of State's records.	
Ifective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm  LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not need of State's records.	
Hective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not nent of State's records.	
Itective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a	not meet the applicable statutory filing requirements, this date will not sent of State's records.	·
REQUIRED SIGNATURE:  Signature of a This document is executive to a second control of the second control of th	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not nent of State's records.	·
REQUIRED SIGNATURE:  Signature of a This document is exercised in the state of the Department's effective date on the Department of the Depart	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes.	·
REOUIRED SIGNATURE:  Signature of a This document is ext I am aware that any fectored at the constitutes a third de-	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
REQUIRED SIGNATURE:  Signature of a This document is exercised in the state of the Department's effective date on the Department of the Depart	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
REOUIRED SIGNATURE:  Signature of a This document is ext I am aware that any fectored at the constitutes a third de-	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
REOUIRED SIGNATURE:  Signature of a This document is ext I am aware that any fectored at the constitutes a third de-	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
REOUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member, ecuted in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
REOUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de RUBYK ACOSTA F	not meet the applicable statutory filing requirements, this date will not tent of State's records.  I member or an authorized representative of a member. ecuted in accordance with section 605,0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  MARTINEZ  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	
REQUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de RUBYK ACOSTA N  S125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  MARTINEZ  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent  Organization and Designation of Registered Agent  Organization and Designation of Registered Agent	be l
REOUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de RUBYK ACOSTA F	not meet the applicable statutory filing requirements, this date will not ent of State's records.  In member or an authorized representative of a member.  The ecuted in accordance with section 605,0203 (1) (b), Florida Statutes. Filing Fees:  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Registered Agent	be l
REQUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de RUBYK ACOSTA N  S125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	not meet the applicable statutory filing requirements, this date will not sent of State's records.  In member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  MARTINEZ  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Signee	be l
REQUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de RUBYK ACOSTA N  S125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	not meet the applicable statutory filing requirements, this date will not ment of State's records.  In member or an authorized representative of a member.  Secured in accordance with section 605,0203 (1) (b), Florida Statutes. Ealse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  MARTINEZ  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Signee	be l
REQUIRED SIGNATURE:  Signature of a This document is ext I am aware that any f constitutes a third de RUBYK ACOSTA N  S125.00 Filing Fee for Articles of \$ 30.00 Certified Copy (Optional	not meet the applicable statutory filing requirements, this date will not sent of State's records.  In member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.  MARTINEZ  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Signee  Filing Fees:  Organization and Designation of Registered Agent  Typed or printed name of Signee	be l