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	ew Filing Sec ivision of Cor							
SUBJECT		UELO, LLC						
SUBJECT	·	Name of	Limited Liabil	ity Company				
The enclose	ed Articles of	Organization and fee(s) are submitted	l for filing.				
Please retu	n all correspo	ondence concerning this	matter to the	following:				
	Sandra Z. Gr	reen, Esq.						
	•		Name of	Person				
	JONATHAN	H. GREEN & ASSOC	CIATES, P.A.					
			Firm/Co	ompany				
	901 Ponce de Leon Boulevard, Suite 601							
			Addı	ress				
	Coral Gables	s, Florida 33134						
			City/State ar	id Zip Code				
-		E-mail address: (to be u	sed for future :	annual report notificat	ion)			
For further in	iformation coi	ncerning this matter, plo	ease call:					
Sandra Z. Greenat (305	372-5100					
Enclosed is	a check for th	ne following amount:						
■\$125.00 Filing Fee ☐ S130.00 Filing Fee & Certificate of Status		Certif	5.00 Filing Fee & led Copy lal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed				
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810			

Tallahassee, FL 32314

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 Please use funds from this account: 120210000160 Amount: \$_125.00_ Authorization Signature: GRAN ABUELO, LLC Document # **Business** ___ Walk in Pick up time____ Will wait Mail out ___ Photocopy Certified Copy of Articles of Organization Certificate of Status **AMMENDMENTS NEW FILINGS** Profit __ Amendment Resignation of R.A. Officer/Director Not for Profit _Change of Registered Agent X Limited Liability Dissolution/ Domestication Merger LLLP CORP Conversion AFFIDAVID BY FOREIGN CORP. REGISTERATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report Statement of AUTHORITY Reinstatement Fictitious Name APOSTIL Country Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
GRAN ABUELO, LI		Linkility Company	"I I C " or "I I C ")			
(Must conta	in the words "Limited	Clability Company.	E.E.C., Or Disc.			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:			
<u>Principa</u>	al Office Address:		Mailing Address:			
382 NE 191 STREET	C SHITE 31904	382	NE 191 STREET, SUITE 31904			
MIAMI, FL 33179-3			MI, FL 33179-3899			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registratio	Registered Agent. ' in.)	nt's Signature: You must designate an individual or			
The name and the Florida street a	idaress of the registeree	agem are				
JONATHAN H. GREEN & ASSOCIATES, P.A.						
		Name				
	901 Ponce de Leon E	Boulevard, Suite 60	<u> </u>			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)			
	Coral Gables	Florida	33134			
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	GAIA HOLDINGS, LLC	
	228 PARK AVENUE S., SUITE 31094	
	NEW YORK, NY 10003-1502	
		
date of filing.)	cific and cannot be more than five business days prior to or eet the applicable statutory filing requirements, this date will of State's records	
		not be lister
TICLE VI: Other provisions, if any.	2	,-
•		TO THE METERS
•	2	<u></u>
·	22 11 V 2	
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REQUIRED SIGNATURE:	22 KUV 22 KUU	
REOUIRED SIGNATURE: Signature of a mer This document is execute	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statute	Established Control Afford
REOUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member.	Lindia de Senionalio.
REOUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statute information submitted in a document to the Department of Stafelony as provided for in s.817.155, F.S.	Lindia de Senion Allo

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)