# rtment of State

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(((H23000125451 3)))



H230001254513ABCX

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : 120220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

Email Address:\_

# FLORIDA LIMITED LIABILITY CO. **G&R INVESTORS GROUP LLC**

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# $(((\underline{\text{H23000125451 3}})))$

## COVER LETTER

CUDICAT	G&R INVES	STORS GROUP LLC	
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	utter to the following:	
	MAI	RIA XIMENA MARTINEZ	
		Name of Person	
	MODEF	RN SOLUTIONS GROUP	
		Firm/Company	
	2424 V	V. BRANDON BLVD #1282	
		Address	
	1	BRANDON, FL 33511	
		ity/State and Zip Code ERNSOLUTIONSGROUP.NE	Τ
	E-mail address: (to be used	for future annual report notifica	tion)
For further information	concerning this matter, please	e call:	
MARIA XI	MENA MARTINEZ	786 571-4129	
N		rea Code Daytime Telephor	ne Number
Enclosed is a check for	ir 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
	iling Address	Street Address	No. 2 day
	v Filing Section ision of Corporations	New Filing Section I The Centre of Tallah	
	. Box 6327 ahassee, FL 32314	2415 N. Monroe Stro Tallahassee, FL 3230	

# $(((\underline{\text{H23000125451 3}})))$

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

G&R INVESTORS GR	ROUP LLC		
	in the words "Limited Liab	ility Company,	"L.L.C.," or "LLC.")
ICLE II - Address: nailing address and street ac	ddress of the principal office	of the Limited	Liability Company is:
<u>Princips</u>	al Office Address:		Mailing Address:
219 NW 12TH AVE APT 707		219 A	W 12TH AVE APT 707
219 NW 12TH AVE AF	71 707	2131	
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & R cannot serve as its own Reg ctive Florida registration.)	egistered Agentistered Agent. Y	N FL 33128 it's Signature:
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & R cannot serve as its own Reg ctive Florida registration.) uddress of the registered age	egistered Agent, y	N FL 33128 it's Signature:
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & R cannot serve as its own Reg ctive Florida registration.) uddress of the registered age	egistered Agent, y istered Agent, y nt are:	N FL 33128 it's Signature:
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & R cannot serve as its own Reg ctive Florida registration.) uddress of the registered age	egistered Agent, y	11 FL 33128
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & R cannot serve as its own Reg ctive Florida registration.) uddress of the registered age	egistered Agent, y int are:  IA VASQUEZ	N FL 33128 it's Signature:
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & Reannot serve as its own Regetive Florida registration.) address of the registered age OSCAR EDILSAR GARC	egistered Agent, y istered Agent, y nt are: IA VASOUEZ ime	N FL 33128 It's Signature: You must designate an individual
MIAMI FL 33128  ICLE III - Registered Age Limited Liability Company ter business entity with an a	nt, Registered Office, & Reannot serve as its own Regetive Florida registration.)  uddress of the registered age  OSCAR EDILSAR GARC  Na  219 NW 12TH AVE APT 7	egistered Agent, y istered Agent, y nt are: IA VASOUEZ ime	NFL 33128 it's Signature: 'ou must designate an individual

he  $f_{i}$ p 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.,

Oscar Evilsar Garcia Vasquez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

# $(((\underline{\text{H23000125451 3}})))$

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = A	Authorized Member	
"MGR" = Ma	inager	
MGR	OSCAR EDILSAR GARCIA VASOUEZ	
	219 NW 12TH AVE APT 707	
	MIAMI FL 33128	
MGR	WILMER ISMAEL RAMIREZ GRANADOS	
	219 NW 12TH AVE APT 707	
	MIAMI FL 33128	
(Use attachin	ent if necessary)	
		i as
REOUIRED	SIGNATURE:  Oscar Edulsar Garcia Vasque?  Signature of a member or an authorized representative of a member.	
	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 follows as provided for in s \$17.155 F.S.	
	constitutes a tima degree reiony as provided for an story rest.	_
	OSCAR EDILSAR GARCIA VASQUEZ	
	Typed or printed name of signee 55 1	
\$125 na Fii	Filing Fees: ing Fee for Articles of Organization and Designation of Registered Agent ortified Copy (Optional) rtificate of Status (Optional)	
	rtified Copy (Optional)	
	runco Copy (Optional)	
\$ 5.00 Ce	rtificate of Status (Optional)	
	C.	