

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NJ LAW PLLC
Account Number : I20200000122
Phone : (239)920-5228
Fax Number : (239)920-5289

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

Email Address: nabil@njlawflorida.comFLORIDA LIMITED LIABILITY CO.
GTA TECHNOLOGY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION
OF
GTA TECHNOLOGY LLC

ARTICLE I – NAME

The name of the limited liability company GTA TECHNOLOGY LLC (the "company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

365 Fifth Ave S #201
Naples, Florida 34102

Mailing Address:


365 Fifth Ave S #201
Naples, Florida 34102

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

NJ Law PLLC
4501 Tamiami Trl N., Ste. 419
Naples, Florida 34103

I 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.


NJ LAW PLLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

WILL TAYLOR

365 Fifth Ave S #201

Naples, Florida 34102

REQUIRED SIGNATURE:



Will Taylor (Dec 11, 2024 15:59 EST)

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.

Will Taylor, Manager

Typed or printed name of signee

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