(Requesto	r's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume)	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
	A. LUNT

Office Use Only

AUG - 3 2011

EXAMINER



000237820300

000237820300 08/01/12--01025--012 **125.00

COVER LETTER

	Registration Section Division of Corporations	•	
SUBJEC	T: GASI INVESTMENT,	LLC	
Sobjec	7 7	ited Liability Company	
The enclo	osed Articles of Organization and fee(s) are	e submitted for filing.	
Please ret	turn all correspondence concerning this ma	atter to the following:	
<u>S</u>	Shlomo Siama		· · · · · · ·
		Name of Person	
(Gasi Investment, LLC		_i
		Firm/Company	SEC ALL
į	500 bayview dr Suite #430)	AHA AHA
		Address	138 138 138 138 138 138 138 138 138 138
S	unny Isles Beach, Fl 3316	0	SECRETARY OF STATE ALLAHASSEE, FLORIO
_	C	ity/State and Zip Code	92
s	hlomo5252@hotmail.com		Şîm 👣
	E-mail address: (to be used	l for future annual report notification)	
For furth	er information concerning this matter, plea	se call:	
Shlom	o Siama	at (786) 302-0999	
	Name of Person	Area Code & Daytime Telephone Number	
Enclose	d is a check for the following amount:		
\$125.00 F	Filing Fee \$\ \tag{\text{S130.00 Filing Fee & Certificate of Status}}	(additional copy is enclosed) Certified C	of Status &
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FL	OKIDA LIMITED LIABILITI COMPANT
ARTICLE I - Name:	77.5 23
The name of the Limited Liability Company is:	7812 AUG -
GASI INVESTMENT, LLC	G-I HASS
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
	ty Company, E.L.C., or ELC.)
ARTICLE II - Address:	TA TA
The mailing address and street address of the pri	incipal office of the Limited Liability inpany is:
Principal Office Address:	Mailing Address:
500 Bayview drive, suite #430	500 Bayview drive suite #430
Sunny Isles Beach, FI 33160	Sunny Ísles Beach, Fl 33160
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
	Sistered agent are.
Shlomo Siama	
Name	
500 Bayview drive	e #430
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Sunny Isles Beach	_{FL} 33160
City, Sta	ate, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing N	Member
MGR	Shlomo Siama
	500 Bayview drive #430
	Sunny Isles Beach, Fl 33160
MGR	Yehuda Gargir
111011	
	Lauderhill, Fl 33319
(Llea attachment if neces	ocom/)
(Use attachment if neces	ssaly)
TIE V. Effective date if	other than the date of filing: (OPTIONAL)
stile v. Enective date, it	e date must be specific and cannot be more than five business day
	e date must be specific and cannot be more than five business day
effective date is listed, the	
effective date is listed, the	
effective date is listed, the O days after the date of fi	iling.)
effective date is listed, the	iling.)
effective date is listed, the O days after the date of fi	iling.)
effective date is listed, the O days after the date of fi	iling.)
effective date is listed, the 0 days after the date of fine the REQUIRED SIGNAT	iling.)
effective date is listed, the 0 days after the date of fine of the REQUIRED SIGNAT Signate	URE: ure of a member or an authorized representative of a member.
effective date is listed, the 0 days after the date of fine REQUIRED SIGNAT Signate (In accordance constitutes an a	URE: ure of a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.
effective date is listed, the 0 days after the date of fine REQUIRED SIGNAT Signate (In accordance constitutes an a I am aware that	URE: ure of a member or an authorized representative of a member.

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)

Typed or printed name of signee