Division of Corporations



Florida Department of State

Division of Corporations Public Access System TALL MINSSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 03 JAN 34 PH 2: 49

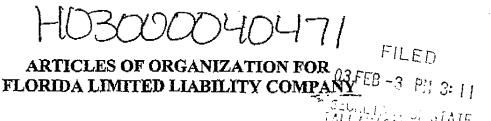
LIMITED LIABILITY COMPANY

gama development llc

FAL

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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ARTICLE I

The name of the Limited Liability Company shall be: GAMA DEVELOPMENT LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 490 Opa-Locka Blvd., Suite 11 Opa-Locka, FL 33326.

ARTICLE IV

The name and the Florida street address of the registered agent are: Peter B. Cagle, 6701 Sunset Drive, #112, Miami, FL 33143.

ARTICLE V

The Limited Liability Company is to be a Manager Managed Company.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed some of signee

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