

103000020086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

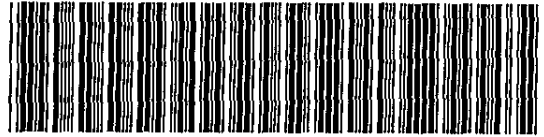
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 JUN -2 PM 12:37  
SEALY, JAMES L.  
TALLAHASSEE, FLORIDA

May 27, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

Please record the Articles of Incorporation of  
GMA INVESTMENT GROUP, LLC as attached and return the  
verification of the recorded articles to :

GLENN R. LUISI ACCOUNTANT, P.A.  
104 PRESTWOOD LANE  
MOORESVILLE, NC 28117

Attached is my check # 1579 for \$125.00 for the  
recording fee.

Very Truly Yours,



GLENN R. LUISI

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

GLENN R. LUISI ACCOUNTANT P.A.

104 PRESTWOOD LANE, MOORESVILLE, NC 28117, PHONE/FAX (704) 895-0626, TOLL FREE (800) 854-1099

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GMA INVESTMENT GROUP, LLC

## ARTICLE II - Address:

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

P.O. BOX 11517  
FORT LAUDERDALE, FL 33339-1517

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

GAIL KAREN ANDERSON

Name

1905 NE 30TH STREET

Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE, FL 33306

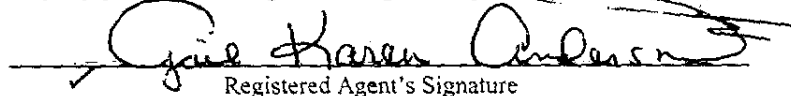
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

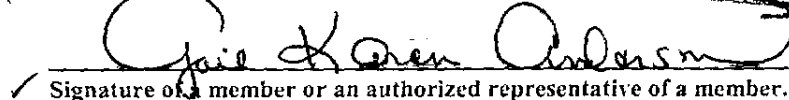
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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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

(An additional article must be added if an effective date is requested)

  
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.)

GAIL KAREN ANDERSON

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)