

L030000030306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

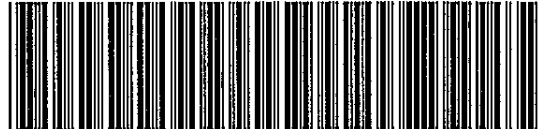
(Business Entity Name)

(Document Number)

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

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2003 AUG 12 AM 9:31  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 15 2003

**AUGUSTO FERREIRA**  
**ACCOUNTING SERVICES**  
195S. Westmonte Dr Suite G  
Altamonte Springs, FL 32714  
Phone: 407-786-6400

TRANSMITTAL LETTER

March 22, 2002

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2003 AUG 12 AM 9:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

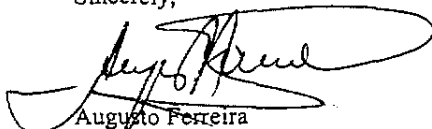
Enclosed please find Articles of ORGANIZATION of GASP SERVICES, L.L.C.  
of Incorporation for

along with a check in the amount of 125.00 to cover costs of filing fees and a certified copy.

Filing Fees:	<del>\$35.00</del>	100.00
Registered Agent Designation	<del>\$35.00</del>	25.00
Certified Copy	<del>\$8.75</del>	
TOTAL	<del>\$78.75</del>	<u>125.00</u>

Thank you.

Sincerely,

  
Augusto Ferreira

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**THE UNDERSIGNED**, for purpose of forming a limited liability company pursuant to the provisions of the Florida Statutes, hereby executes the following Certificate of Organization:

**ARTICLE I - Name:**

The name of the Limit Liability Company is:

**GASP SERVICES, L.L.C.**

**ARTICLE II - Members:**

The company has two or more members.

**ARTICLE III - Address:**

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

**12539 Crayford Ave  
Orlando, fl 32837**

**ARTICLE IV - Effective date:**

This Certificate shall be effective upon the date of filing.

**ARTICLE V - Duration**

The duration of the company shall be perpetual.

**ARTICLE VI -**

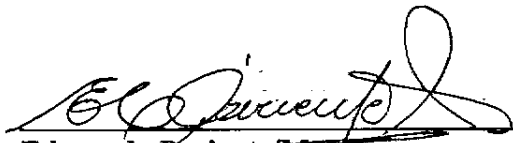
**Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Edmundo Pariente  
12539 Crayford Ave  
Orlando, FL 32837**

*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..*

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2003 AUG 12 AM 9:31  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA



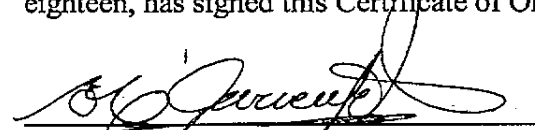
Edmundo Pariente/Member  
12539 Crayford Ave  
Orlando, FL 32837

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CLERK OF COURTS  
ALACHUA COUNTY, FLORIDA

**ARTICLE VII - Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

IN WITNESS WHEREOFF, the undersigned, an authorized person(s) over the age of eighteen, has signed this Certificate of Organization on the 8<sup>th</sup> day of AUGUST, 2003



Edmundo Pariente/ 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.)