L04000008425

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Ducine and Estimated and Association and Asso
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500027327465

01/23/04--01044--014 **125.00

N01/20

D. VISION OF CORPORATION

O4 JAN 23 PH 3: 29



TRANSMITTAL LETTER

TO: Res	sistration Section			- "
	ision of Corporations	÷		
SUBJECT:	Gateway I	nternational, LLC	•	
	(Na	me of Limited Liability Company)		
The enclosed	l Articles of Organization ar	nd fee(s) are submitted for filing.		
	Please return all	correspondence concerning this ma	atter to the following:	
		Rasik H Bosmia		<u> </u>
		(Name of Person)		
		Pharm-Aid Inc		
		(Firm/Company)		
	·	4757 Ventana Way		
		(Address)		_ 5
		Oceanside, CA 92057		OF JAN 53
	- 差 発			
		(City/State and Zip Code)		2 92
				3 gate
For further is	nformation concerning this r	natter, please call:		OFFICE PH 3: 25
J	Rasik H Bosmia	at (760) 72	21-3432	2
	(Name of Person)		aytime Telephone Number)	— · · · · · · · · · · · · · · · · · · ·

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Gateway International, LLC	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4757 Ventana Way	4757 Ventana Way
Oceanside, CA 92057	Oceanside, CA 92057
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature?
The name and the Florida street address of	tered Office, & Registered Agent's Signature? The registered agent are:
The name and the Florida street address of Marilyn A	the registered agent are: costa Name The registered agent are: 72 73 74 75 76 77 78 78 79 70 70 71 71 72 73 74 75 76 77 78 78 78 78 78 78 78 78
The name and the Florida street address of Marilyn A	costa Name P
The name and the Florida street address of Marilyn A	the registered agent are: costa Name P 3
The name and the Florida street address of Marilyn A	costa Name A Avenue

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Rasik H Bosmia MGR 4757 Ventana Way Oceanside. CA 92057 Vikesh Gamatra MGRM 5107 Frost Avenue Carlsbad, CA 92008 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.) Rasik H Bosmia Typed or printed name of signee

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

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)