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LIMITED LIABILITY COMPANY

GPI Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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OIVISION OF CORPORATION

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## ARTICLES OF ORGANIZATION OF GPI Management, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: GPI Management, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 653 W. 23rd Street #183, Panama City, Florida 32405.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Thomas Brown, 653 W. 23rd Street #183, Panama City, Florida 32405. Located in the County of Bay.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Thomas Brown, 653 W. 23rd Street #183, Panama City, Florida 32405

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

O4 FEB 17 PM 4: 40
SECRETARY OF STATE
TALLAHASSEE, FLORID

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: GPI Management, LLC

The name and address of the registered agent and office is: Thomas Brown, 653 W. 23rd Street #183, Panama City, Florida 32405. Located in the County of Bay.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date: February 10, 2004

SECRETARY OF STATE TALL AHASSEF, FLORIDA

FAX AUDIT # 1640000 34 70/3