

**L044000013351**Florida Department of State  
Division of Corporations  
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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

## LIMITED LIABILITY COMPANY

gapaga llc

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**GAPAGA LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: GAPAGA 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: 625 OAKS DRIVE, #307, POMPANO BEACH, FL 33069.

**ARTICLE IV**

The name and the Florida street address of the registered agent are:  
JOSEPHINE GALANTE, 625 OAKS DRIVE, #307, POMPANO BEACH, FL  
33069.

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

GAPAGA LLC  
(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.

Josephine Galante  
Registered Agent

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

(In accordance with section 608.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Josephine Galante  
Typed or printed name of signee

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