L04000046412

(Requestor's Name)	•
(Address)	•
(Address)	•
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	•
Certified Copies Certificates of Status	
Special Instructions to Filing Officer;	

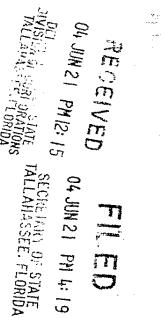
Office Use Only



400038032164

UE/21/04--01065--008 **155.00

17/



EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip Phone #

TALLAH SEE. FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

٠.	e	SATC GROUP, LL	(Document #)		
)		(Carporation Mainle)	(Document #)		
-		(Corporation Name)	(Document #)		
}	(Corporation Name)		(Document #)		
ļ. ₋		(Corporation Name)	(Document #)	(Document #)	
;		Walk in Pick up ti	ime Certified Copy		
:		Mail out Will wait	Photocopy Certificate of Status		
		NEW FILINGS	AMENDMENTS		
		Profit	Amendment		
	NonProfit X Limited Liability Domestication		Resignation of R.A., Officer/Director		
			Change of Registered Agent		
			Dissolution/Withdrawal		
L		Other	Метдет		

L	OTHER FILNGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's	Initials	
------------	----------	--

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

	r •		
ARTICLES C	OF ORGANIZATION FOR	OF MASSEE, ELORIT	7
FLORIDA LIMITE	D LIABILITY COMPANY	2	7
ARTICLE I - Name: The name of the Limited Liability Company	v is:	25 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4	
GATC GROUP, LLC.		OAD	i D
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Lial	bility Company	is:
Principal Office Address:	Mailing Address:	•	
7500 NW 25 ST	7500 NW 25 ST		,
SUITE : 290	SUITE : 290		
MIAMI, FL 33122	MIAMI, FL 33122		
ARTICLE III - Registered Agent, Register The name and the Florida street address of the		Signature:	
NICK MART	TINEZ JR.	er regione	s. T-r∓
Na	ame		
	ST SUITE: 290 (P.O. Box NOT acceptable)		f
MIAMI City, Ste	FLORIDA 33122	·	

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..

Page 1 of 2 (CONTINUED)

· ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM RAMY MESSIH 7500 NW 25 ST SUITE: 290 MIAMI, FL 33122 NICK MARTINEZ JR. MGRM 7500 NW 25 ST SUITE: 290 MIAMI, FL 33122 (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 anthorized 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.) RAMY MESSIH

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)

Typed or printed name of signee