

L 04000052110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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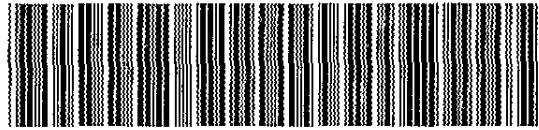
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 803780 7117105
AUTHORIZATION : *Patricia Pignato*
COST LIMIT : \$ 125.00

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ORDER DATE : July 14, 2004
ORDER TIME : 12:10 PM
ORDER NO. : 803780-005
CUSTOMER NO: 7117105
CUSTOMER: Ms. Ivette Uriarte
Rodriguez & Quincoces, P.a.
Suite 1035
2121 Ponce De Leon Blvd.
Coral Gables, FL 33134

DOMESTIC FILING

NAME: GID 2, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

Articles of Organization for

GID 2, LLC

Article I
Name

The name of the Limited Liability Company is: **GID 2, LLC**

Article II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: **2121 Ponce De Leon Boulevard, Suite 1035, Coral Gables, Florida 33134.**

Article III
Registered Agent

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

**Robert W. Rodriguez, Esq.
2121 Ponce De Leon Boulevard
Suite 1035
Coral Gables, Florida 33134**

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, Robert W. Rodriguez, hereby accept the appointment to act in this capacity, and 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 provided for in Chapter 608, F.S.


Robert W. Rodriguez, Registered Agent

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.


Robert W. Rodriguez, Esq.

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