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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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ROLNICK & NETBURN

ATTORNEYS AT-LAW ,
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
9734 WEST SAMPLE ROAD
CORAL SPRINGS, FLORIDA 33065

HERBERT H. ROLNICK, P.A. DAVID A. NETBURN, P.A. DENISE A. WELTER, ESQ.

TEL: (954) 346-5001 FAX: (954) 346-5006

October 13, 2004

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

Re: 3GFI, LLC

OH OCT 18 PM 1: 02
SLCANASSEE FLORIDA

Gentlemen:

Enclosed herewith please find an original and one copy of the Articles of Organization For Florida Limited Liability Company. Please file the original and return a "filed" copy to our office in the enclosed, self-addressed, stamped envelope. Also enclosed is a check in the sum of \$125.00 to cover the cost of the filing fee.

Should you have any questions, please do not hesitate to contact our office collect.

Very truly yours,

ROLNICK & NETBURN

BY MS FOR DAVID A. NETBURN, ESQ.

Encs. ms/DAN File No.04-4056 Via First Class U.S. Mail

TRANSMITTAL LETTER

| TO: Registration Section | | | |
|--|-----------------|-----------------------------|------------------------------|
| Division of Corporations | | | |
| | | | |
| SUBJECT: 3GFI, LLC | | | |
| (Name of Limited Liability Company) | | • | |
| | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| | | | |
| David A. Nebturn, Esq. | | | |
| (Name of Person) | <u></u> | 0 | |
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| Rolnick & Netburn | <u>P</u> R- | $\mathcal{C}_{\mathcal{C}}$ | -1 |
| (Firm/Company) | 725 | 04 OCT 18 PM | STATE OF THE PERSON NAMED IN |
| | 386 | ထ | ž Venesti |
| 9734 West Sample Road | ūς | PH | 11 |
| (Address) | 7 | ••• | 9 |
| | 25 | 02 | |
| Coral Springs, FL 33065 | Or. | \sim | |
| (City/State and Zip Code) | > | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| | | | |
| David A. Netburnat (_954) 346-5001 | | | |
| (Name of Person) (Area Code & Daytime Telephone Numb | er) | | |

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

| ncipal office of the Limited Liability Company is: |
|---|
| Mailing Address: |
| 6909 Cobia Circle |
| Boynton Beach, FL 33437 |
| |
| Office, & Registered Agent's Signature: gistered agent are: ALLAHASSEE FLORIDA 33437 |
| |

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)

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 Mark Gaylinn 6909 Cobia Circle Boynton Beach, FL 33437 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGN Signature of a member or an authorized representative of a member.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

printed name of signec

that the facts stated herein are true.) .