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Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : ACE INDUSTRIES, INC.

Account Number: 070744001530 Phone: (305)358-2571 Fax Number: (305)358-7832

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## LIMITED LIABILITY COMPANY

G&TLLC

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\$155.00

2005 FEB -3 AM ID: 05
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H05-28181

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: G&TLLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 434 INDIES DRIVE

City, State & Zip: ORCHID, FL 32963

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

GEORGE D. MEKRAS, M.D. Name

3920 N. HIGHWAY A-1-A, PH-1 Address (P.O. Box NOT Acceptable)

FORT PIERCE, FL 34949 City, State, Zip

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, F.S..

yeor ce Registered Agent's Signature

Date 02/02/2005

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers therefore, a manager - managed company. Specify name & address(es).

1. GEORGE D. MEKRAS, M.D., 434 INDIES DRIVE, ORCHID, FL 32963

2.

Signature of a member or an authorized 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.

> GEORGE D. MEKRAS, M.D. Typed or printed name of signee

H05-28181

Prepared By: Ace Industries 54 NW 11th Street Miami, FL 33136 Phone: (305) 358-2571