

Division of Corporations

Page 1 of 1

LOS 000040658

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441RECEIVED
05 APR 25 PM 4:16
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

GGHG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

05 APR 25 AM 11:03
TELEPHONE
FLORIDA

Electronic Filing Menu

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Public Access Help

H050001026243

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GGHG, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:P.O. Box 640637, Oakland Gardens, NY
11364-0637**Mailing Address:**P.O. Box 640637, Oakland Gardens, NY
11364-0637**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BlumbergExcelsior Corporate Services, Inc.

Name

4435 Old Winter Garden Rd.Florida street address (P.O. Box **NOT** acceptable)OrlandoFL32811

City, State, and 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.

X 
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H050001026243

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Hector Garcia

P.O. Box 640637

Oakland Gardens, NY 11364-0637

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

X 
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.)

X MARIO V. VAZQUEZ
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

05 APR 25 AM 11:33
STATE OF FLORIDA
TALLAHASSEE

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