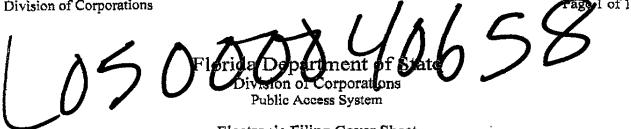
Division of Corporations



Electronic Filing Cover Sheet

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(((H050001026243)))

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

Account Number : 075350000353

Phone : (212)431-5000

Fax Number

: (212)431-1441

LIMITED LIABILITY COMPANY

GGHG, LLC

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

Electronic Filing Menu

Corporate Filing

Public Access

ARTICLE I - Name:

H050001026243

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GGHG, LLC	<u> </u>
ARTICLE II - Address:	
The mailing address and stree	t address of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
P.O. Box 640637, Oakland Gard	lens, NY P.O. Box 640637, Oakland Gardens, NY
11364-0637	11364-0637
	agent, Registered Office, & Registered Agent's Signafure:
*	et address of the registered agent are:
The name and the Florida stre	et address of the registered agent are:
The name and the Florida stre	et address of the registered agent are:
The name and the Florida stre	et address of the registered agent are: xcelsior Corporate Services, Inc. Name Vinter Garden Rd.
The name and the Florida stre	et address of the registered agent are: xcelsior Corporate Services, Inc. Name
The name and the Florida stre	et address of the registered agent are: xcelsior Corporate Services, Inc. Name Vinter Garden Rd.

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..

(CONTINUED)

egistered Agent's Signal

Page 1 of 2

H050001026243

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 i	must be added if an effective date is requested.
REQUIRED SIGNATURE:	As Of
	Em Mara
Signature of a m	nember or an authorized representative of a member.
	vith section 608.408(3), Florida Statutes, the execution
of this document	t constitutes an affirmation under the penalties of perjury
of this document that the fact is	t constitutes an affirmation under the penalties of perjury stated herein are true.) Plos VPI pricedes
of this document that the facts x	t constitutes an affirmation under the penalties of perjury
of this document that the facts x	t constitutes an affirmation under the penalties of perjury stated herein are true.) Plos VPI pricedes

Page 2 of 2