

L05000107362

Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Three G's Enterprise LLC

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$130.00

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Corporate Filing

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Three G's Enterprise LLC**

ARTICLE II - Address

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

Principal Office Address:**Mailing Address:**540 Madder Lane540 Madder LaneEnglewood, FL 34223Englewood, FL 34223**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

CORPDIRECT AGENTS, INC.

Name


515 East Park Avenue

(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301

(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.


Registered Agent's Signature - Ed Lary- Ass't Secretary

JAN 3 10 06

FILED

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

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

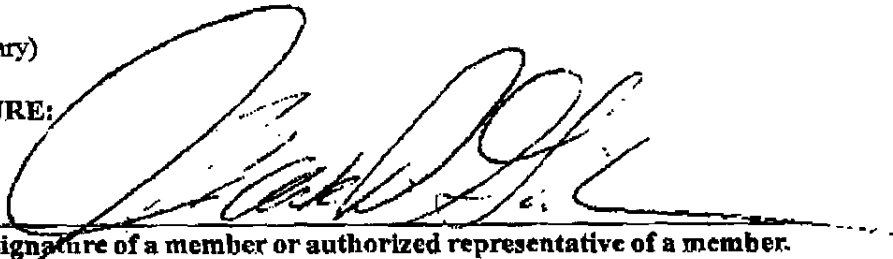
Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:**MGR****Mark Giordano- 540 Madder Lane, Englewood, FL 34223**

(Use attachment if necessary)

REQUIRED SIGNATURE:
Signature of a member or 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.)

Mark Giordano

Typed or printed name of signee

FILED
2015 MAY -3 P 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA