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(((H050002816373)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

product of the control of the contro

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 (305) 634-3694 Phone

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

Gallowood RB-GEM-LLC

Certificate of Status	0
Certified Copy	, 1
Page Count	03
Estimated Charge	\$155.00

Electronic Piling Manu-

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PLANTA LIMITED HABILIT	I COMPANI	
ARTICLE I - Name: The name of the Limited Liability Company is:	-	
Gallowood RB-GEM-LLC		
ARTICLE II - Address: The mailing address and street address of the principal offi is:	ce of the Limited Liability Compa	шy
Principal Offica Address:	Mailing Address:	
4937 S.W. 75 Ave.	4937 S.W. 75 Ave.	
Building B Unit 21	Building B Unit 21	
Miami. Florida 33155	Miami, Florida 33155	
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered as Maria Fernandez-Vall Name	gent are:	2005 DEC -9
10570 N.W. 27 th Street, Un Florida street address		PH 2

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.

Miami, Florida 33172 City, State, and Zip

Registered Agent's Signature

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SECRETARY OF SIAIL
SECRETARY OF SIAIL

Title:

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Name and Address:

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager of Managing Member is as follows:

GRM	RB-GEM Management LLC
<u> </u>	4937 S.W. 75 Ave.
	Building B Unit 21
	Mismi, Florida 33173
	· · · · · · · · · · · · · · · · · · ·
•	
Use attachment if necessary)	
OTE: An additional article must be a	idded if an effective date is requested.
EQUIRED SIGNATURE:	
and or the state of the state o	

Maria Fernandez-Valle
Typed of printed name of signee

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

\$100.00 Filing fee for Article of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIO