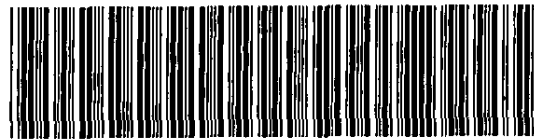


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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06/19/06--01028--019 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: G.Y.M.M.

(Name of Limited Liability Company)

2006 JUN 19 P 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Phillips

(Name of Person)

W.P.H. Unlimited Enterprises Inc.

(Firm/Company)

4699 North State Road 7 Suite L-2

(Address)

Tamarac, Florida 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Alicia Phillips

(Name of Person)

at (954) 709-9233

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G.Y.M.M., LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

4699 North State Road 7

Suite L-2

Tamarac, Florida 33319

Mailing Address:

4699 North State Road 7

Suite L-2

Tamarac, Florida 33319

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

W.P.H. Unlimited Enterprises Inc.

Name

4699 North State Road 7 Ste L-2

Florida street address (P.O. Box NOT acceptable)

Tamarac, FL 33319

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

FILED

2006 JUN 19 P 4: 28

MGR

Louis Bryant, SECRETARY OF STATE
4731 N.W. 181 Terrace TALLAHASSEE, FLORIDA
Maimi, Florida 33055

MGR

Glen Phillips
4577 NW 41st Place
Lauderdale Lakes, Florida 33319

MGRM

Elizabeth Hopper
2320 N.W. 14th Court
Fort Lauderdale, Florida 33311

MGRM

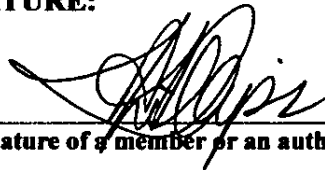
Alicia Phillips
4577 N.W. 41st Place
Lauderdale Lakes, Florida 33319

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Alicia Phillips

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)