

Florida Department of State

Division of Corporations
Public Access System

LOG000085867

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000217300 3)))



H060002173003ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Basic

To:

Division of Corporations
Fax Number : (850)203-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 AUG 30 AM 9:14

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GALAXY'S TRAINING SAC LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

06 AUG 30 PM 1:14

DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GALAXY'S TRAINING SAC LLC.

ARTICLE II - Address:

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

Principal Office Address:

4050 NW. 135 ST. BLDG. 1 APT. 9
OPA LOCKA, FLORIDA 33054

Mailing Address:

4050 NW. 135 ST. BLDG. 1 APT. 9
OPA LOCKA, FLORIDA 33054

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

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

ESTEBAN PALACIOS

Name

4050 NW. 135 ST. BLDG. 1 APT. 9

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

OPA LOCKA, FLORIDA 33054

City, State, and Zip Code

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.

Esteban Palacios
Registered Agent's Signature

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 AUG 30 AM 9:14

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

Title:	Name and Address:
"MGR" - Manager	
"MGRM" - Managing Member	
" MGR"	ESTEBAN PALACIOS
	4050 NW. 135 ST. BLDG. 1 APT. 9
	OPA LOCKA, FLORIDA 33054

(Use attachment if necessary)

Note: An additional article must be added if an effective date is requested.

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.)

ESTEBAN PALACIOS

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 AUG 30 AM 9:14