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To:

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

From:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

GALE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GALE, LLC

ARTICLE II - Address:

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

**16409 Sapphire Place
Weston, FL 33331-3115**

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

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

**Yelena Khayut
16409 Sapphire Place
Weston, FL 33331-3115**

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.

X *Yelena Khayut*
Registered Agent's Signature

Article IV - Management (Check if applicable)

X- The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**Yelena Khayut-managing member
16409 Sapphire Place
Weston, FL 33331-3115**

X *Yelena Khayut*
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.)

Yelena Khayut

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