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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Gocilla Financia LC. (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jacques Steele Pierrilus (Name of Person) Gorilla Financial (Firm/Company)		
Gorilla Financial (Firm/Company)		
4641 Charry Rd (Address)		
-;>		
Wast falm Beach Florida 33417 FE =		
(City/State and Zip Code)		
(City/State and Zip Code) For further information concerning this matter, please call:		
Jacques Puccilus at (561) 351-7081 85 99 (Area Code & Daytime Telephone Number) 977 57		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \$\int \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Goccila financial LC. (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 print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4641 Cherry Rd West palm Beach Florida 33417	West fulm secol Ployda 33417 = ==================================
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re Sacques Perril Name	FLORIDA
Hour Chary Rd. Florida street addr	ess (P.O. Box NOT acceptable)
West falm Beach City, State, an	FL 33417 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Agent's Signature (REQUIRED)

LIFECUVE DALE

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

MGR

Jacques Parillus

4641 Charry Rd

Wost falm Bench ft 33417

ARTICLE V: Effective date, if other than the date of filing: 1, 2007. (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.)

hat the facts stated herein are true.)

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)