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LAZARUS CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 305-552-5973

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	Office Use Only ENT NUMBER(S), (if known):	
PRPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
GCCE INVESTME	NT, LLC	
(Corporation Name)	(Document #)	
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Mail out Will wait NEW FILINGS Profit Not for Profit Elimited Liability Domestication Other OTHER FILINGS Annual Report	Photocopy	
Mail out Will wait NEW FILINGS Profit Not for Profit Elimited Liability Domestication Other OTHER FILINGS	Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership	
Mail out Will wait NEW FILINGS Profit Not for Profit Eimited Liability Domestication Other OTHER FILINGS Annual Report	Photocopy	
Mail out Will wait NEW FILINGS Profit Not for Profit Eimited Liability Domestication Other OTHER FILINGS Annual Report	Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

REICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANI		
ARTICLE I - Name:		
The name of the Limited Liability Company is	SI PURE THE PROPERTY OF THE PR	
GCCE JNVESTMENT (Must end with the words "Limited Liability Company, "Lim	44	
(Must and with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:	79. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	
The mailing address and street address of the	principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
15834 SW 60 TERR MIAMI, FL 33193	15834 SW 60 TERR MANN, FL. 33193	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Register)	red Office, & Registered Agent's Signature; gistered Agent. You must designate an individual or another	
business entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	
_		

Name

15834 SW 60 TERR

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

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.

A Agent' Cylgnature (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:

Name and Address

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	EMILE P. AMEDEE 15834 SW 60 TERR MINN, FL 33193
MGRM	NORELIS AMEDEE 15834 SW 60 TERR MIAMI, FL. 33193
·	
., .	
(Use attachment if necessary)	••
ARTICLE V: Effective date, if other than the control of the date of the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

Signature of 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.)

EMITE P. AMEDEE

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)