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SECRETARY OF STATE ALLAHASSEE.FLORIDA

107-113544

# COVER LETTER

Division of Corporations	
SUBJECT: GSI Group LLC	
(Name of Lim	ited Liability Company)
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Debr	a Blosfield Graff
	(Name of Person)
GS	SI Group LLC
	(Firm/Company)
239	Deer Cove Lane
	(Address)
Lu	tz, FL 33548
(0	City/State and Zip Code)
For further information concerning this matter, plea	ase call:
Debra Blosfield Graff	at (813)244-3396
(Name of Person)  Enclosed is a check for the following amount:	(Area Code & Daytime Telephone Number)
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & Status & Certified Copy 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 Compa	any is:
GSI G	Froup LLC
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
239 Deer Cove Lane	239 Deer Cove Lane
Lutz, FL 33548	Lutz, FL 33548
The name and the Florida street address of Debra E	of the registered agent are:  Blosfield Graff  Name
239 D	eer Cove Lane
Florida si	treet address (P.O. Box <u>NOT</u> acceptable)
	utz, <sub>FL</sub> 33548
City,	, State, and Zip
liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position of the proper and compacted the obligations of the place designates and the place designal registered to act in this constant and the place designates and the place designates are stated to act in this constant and the place designates are stated as a second to act in this constant and the place designates are stated as a second to act in this constant and the place designates are stated as a second to act in this constant and the proper and compacted the proper and compac	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 508, ES

(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" = Mana	•	Name and Address:	
	anaging Member		
MGRM		Debra Blosfield Graff	
		239 Deer Cove Lane	<del></del>
		Lutz, FL 33548	
MGRM		Gordon Howard Graff	
	<del></del>	239 Deer Cove Lane	
		Lutz, FL 33548	
MGRM		Kyle Patrick Shaw	
		16308 Swanview Circle	
		Odessa, FL 33556	
MCDM		Shea Graff Shaw	
MGRM		16308 Swanview Circle	
		Odessa, FL 33556	<u> </u>
	e date, if other than the	he date of filing: ( the specific and cannot be more than five bu	(OPTIONAL) usiness days p
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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	g Member		
MGRM		Gordon Scott Graff	
		239 Deer Cove Lane	
		Lutz, FL 33548	· · · · · · · ·
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