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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	e)
(Di	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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B. KOHR

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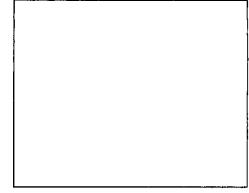
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



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WALK-IN

ENTITY NAME:

GREAT WALL STREET LLC

CK# 3484

AMOUNT \$160.00

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

____ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Division of	n Section Corperations	:	
SUBJECT: Great	Wall Street LLC	ited Liability Company)	
	(Manie of Pim	ted Elacitity Company)	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	·
Please return all corr	espondence concerning this ma	tter to the following:	4000
Peter F. So	uza		
	,	(Name of Person)	15 C
GEC Group	LLC	•	15 PM 3:
		(Firm/Company)	ن کی ا
2731 Exect	itive Park Drive, Suite 4		ORDER
		(Address)	*
Weston, FL	33331		
	****	ity/State and Zip Code)	
For further informati	on concerning this matter, pleas	ee call:	
Peter F. Souza	·	at (954) 318-2787	
(No	une of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	t for the following amount:		
\$125.00 Filing Fe	Certificate of Status	□\$155.00 Filing Fee & ✓ Cartified Copy (additional copy is enclosed)	\$160.00 Filing Fee, 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	S

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY-COMEANY
ARTICLE I - Name:	A TO T
The name of the Limited Liability Company	is:
Great Wall Street LLC	To us
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2731 Executive Park Drive, Suite 4	2731 Executive Park Drive, Suite 4
Weston, FL 33331	Weston, FL 33331
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
NRAI Services, Inc.	
Na	me
2731 Executive Park Drive	, Suite 4
Florida street	address (P.O. Box NOT acceptable)
Weston	FL 33331
City, Sta	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and existered agent as provided for in Chapter 608, F.S
NRAI Services, Inc.	Peter F. Souza
Ву:	Assistant Secretary
Registered Agent's Sig	mature (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:

MGRM .	S.G. Investment Corp. 103 Sham Peng Tong Plaza
•	Victoria, Mahe, Seychelles
MGR	GEC Group, LLC
	2731 Executive Park Drive, Suite 4 Weston, FL 33331
Use attachment if necessary)	
F.V. Effective data if other than th	e date of filing: (OPTION

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.)

2000 2000 2000

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)