

LD8000085094

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**GALY INTERNATIONAL SERVICES LLC.**

Certificate of Status	0
Certified Copy	1
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9/8/2008

EXAMINER

H08000210051 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GALY INTERNATIONAL SERVICES LLC.

(Must end with the words "Limited Liability Company, "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

2766 DAVIE BLVD
DAVIE, FL 33312

Mailing Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MILEYDY MENDOZA

Name

7111 SW 112 CT

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

MIAMI, FL 33173

City, State, and Zip

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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.

Mileydy Mendoza
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H08000210051 3

H08000210051 3

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

Name and Address:

"MGR"

MILEYDY MENDOZA

7111 SW 112 CT

MIAMI, FL 33173

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Mileydy Mendoza
Signature of a member or an authorized representative of a member.

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MILEYDY MENDOZA
Typed or printed name of signer

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)

H08000210051 3