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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<b>→ #</b> )
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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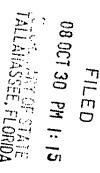
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EXAMINER





ACCOUNT NO. : 072100000032
REFERENCE: 776239 7569274
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE : October 30, 2008
ORDER TIME : 2:12 PM
ORDER NO. : 776239-005
CUSTOMER NO: 7569274
DOMESTIC FILING
NAME: GALAXY INVESTMENTS LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Carina L. Dunlap - EXT. 2951
EXAMINER'S INTITALS:

OB OCT 30 PH 1:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s: · · · · · · · · · · · · · · · · · · ·
Galaxy Investments LLC	
(Must end with the words "Limited Liab	ollity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	orincipal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
4501 Gulf Shore Blvd. N., Apt. 1503	4501 Gulf Shore Blvd. N., Apt. 1503
Naples, Florida 34103	Naples, Florida 34103
ivapies, Pionos 34103	Napies, rionna 34103

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 outsiness entity with an active Florida registration.)

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

Andrew J. Czekaj

Name

4501 Gulf Shore Blvd. N., Apt. 1503

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

Naples

Fl. 34103

City, State, and Zip

Having been named at 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.

BY:

Registered Agent's Signature (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Andrew J. Czekaj 4510 Gulf Shore Blvd., N. Apt. 1503 Naples, FL 34103
-	
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· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION e specific and cannot be more than five business da
REQUIRED SIGNATURE:	$\rightarrow$ /

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.)

Andrew J. Czekaj, Manager

Typed or printed name of signee

## Fling Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)