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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: G&G Strategic Consulting Group LC (Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Giovina Di Matteo (Name of Person)			
(Name of Person)			
G&G Strategic Consulting Group LLC (Firm/Company)			
1425 Brickell Ava Sta 57-A (Address)			
Mami FZ 33131			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Giouna Di Matteo at (305) (Name of Person) (Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status Certified C	ling Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
Registration Section Registration of Corporations Division P.O. Box 6327 Cliftor Tallahassee, FL 32314 2661 E	Courier Address ration Section on of Corporations a Building executive Center Circle assee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

EFECTIVE DATE 2/13/09

n\$".

The name of the Limited Liability Company is:

G & G Strategic Consulting (Must end with the words "Limited Liability Company,	Group Lic
(Must end with the words "Limited Liability Company,	"L.L.C.," or "LC.")
ARTICLE II - Address: The mailing address and street address of the principal off	
Principal Office Address: Mailing	Address:
1425 Brickell Ava So Ste 51-A Miami Fi 33131	me
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Y business entity with an active Florida registration.)	
The name and the Florida street address of the registered a	gent are:
Florida street address (P.O. B  Having been named as registered agent and to accept serv liability company at the place designated in this certificate registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agent.  Begistered Agent's Signature (REQUI)	ice of process for the about stated limited ate, I hereby accept the appointment as agree to comply with the provisions of all of my duties, and I am familiar with and t as provided for in Chapter 608, F.S

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:
MGR	ALECIA GISELA LOKPEZ 12381 SW 124+hCT HUAMI FL 33,186
MGR	GIOVINA DI MATTEO 1425. BRICKEZLAVE STEST-A HIAMI FL 33131
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: <u>Feb. 13, 2009</u> . (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	7 ·
Signature of a member	er or an authorized representative of a member.
of this document const that the facts stated h	THE
Filing Fees:	ped or printed name of signee FORIDA  FOR STATE  OF STATE  ORIDA
010000000000000000000000000000000000000	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)