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ORIDA/FOREIGN LIMITED LIABILITY CO.

G2GLLC

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ARTICLES OF ORGANIZATION OF G 2 G LLC

2009 FEB 24 AM 7: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

NAME

The name of the limited liability company shall be: G 2 G LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1508 Bay Road, Apt. 443 North, Miami Beach, Florida 33139.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Paul King, 1508 Bay Road, Apt. 443 North, Miami Beach, Florida 33139. Located in the County of Dade.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Paul King, 1508 Bay Road, Apt. 443 North, Miami Beach, Florida 33139

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: February 13, 2009

WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED FEB 24 AM 7:50
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATE OF FLORIDA UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: G 2 G LLC

The name and address of the registered agent and office is Paul King, 1508 Bay Road, Apt. 443 North, Miami Beach, Florida 33139. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Paul King

Date: 2 - 18 - 09

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SLORETARY OF STATE