

Division of Corporations

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**L09000031569**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : HUBCO  
Account Number : 104562003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

GMIT LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. LUNT  
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H09000075702

ARTICLE I - Name

The name of the Limited Liability Company is: **GMIT LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

196 Maple Street

196 Maple Street

Englewood, NJ 07631

Englewood, NJ 07631

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

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

Charles Moche

Name

6039 Collins Avenue, Unit 1526

(P.O. Box or Mail Drop Box NOT Acceptable)

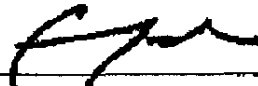
Miami Beach, FL 33140

(City / State / 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.*



Registered Agent's Signature - Charles Moche

H09000075702

**ARTICLE IV - Manager(s) or Managing Member(s):**

H09000075702

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" - Manager

"MGRM" - Managing Member

MGR

Charles Moche - 196 Maple Street, Englewood, NJ 07631

MGR

Juliana Levite - 120 East 79th Street, 15C, New York, NY 10025

MGR

S David Moche - 525 East 89th Street, 1K, New York, NY 10128

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or 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.)

**Charles Moche**

\_\_\_\_\_  
Typed or printed name of signee

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