

L09000059796

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax andit number (shown below) on the top and bottom of all pages of the document.

((H09000146858 3)))



H090001468583ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : 1200800000033
Phone : (786)499-7132
Fax Number : (305)644-3052

FILED
2009 JUN 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

G & E PROCESSING SOLUTION, LLC

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

C. LEWIS

JUN 22 2009

EXAMINER

RECEIVED

09 JUN 19 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is:

G & E PROCESSING SOLUTION, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

MARISOL RUBI

**2828 CORAL WAY SUITE 410
MIAMI FLORIDA 33134**

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

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

MARISOL RUBI

Name

2828 CORAL WAY SUITE 410

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

MIAMI FLORIDA 33134

City, State, and Zip

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 provide for in chapter 608 F.S.

Marisol Rubi

Registered Agent's Signature

(CONTINUED)

FILED
2009 JUN 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2009 JUN 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title:

"MGR"= Manager

"MGRM" = Managing Member

Name and Address:

MARISOL RUBI (MGR)
2828 CORAL WAY SUITE 410
MIAMI FLORIDA 33134

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Marisol Rubi

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Marisol Rubi

Typed or printed name of signed