Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: BARINAS & ASSOCIATES INC. Account Name

Account Number : 120000000082 Phone

: (305)871-0889

Fax Number

: (305)870-9623

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GN GROUP, LLC

Certificate of Status	J
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

J. BRYAN

Jiji - 2.2009

EXAMINER

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COVER LETTER

TO:	Registration Se Division of Co			
SUBJ	ECT: GN GF		mited Liability Company)	
The en	closed Articles o	f Organization and fee(s) a	are submitted for filing.	
Please	return all corresp	ondence concerning this n	natter to the following:	
	YANELLE	BARINAS		
			(Name of Person)	
	BARINAS	AND ASSOCIATE	ES, INC.	
			(Firm/Company)	75 O
	5701 NW	36 STREET		ECRE
			(Address)	ASS.
	MIAMI,		33166	SEE
For fur	ther information	concerning this matter, ple	City/State and Zip Code) ase call:	8: 53 FLORIDA
YAN	ELLE BARIN	NAS	at (305) 871-08	89
	(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	sed is a check fo	or the following amount;		
□ \$ 125	5.00 Filing Fee	\$130.00 Filing Fee Certificate of Status	e & [\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons r Circle

3058709623

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Limited Liability Co	mpany is:	
GN GROUP, LL	.c		
(Must end with the w	ords "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - The mailing add		s of the principal office of the Limited Liability Company is:	
Principal Offic	e Address:	Mailing Address:	
11220 NW 84TH S	Т	11220 NW 84TH ST	
DORAL, FL 33178	;	DORAL, FL 33178	
(The Limited Liability		is own Registered Agent. You must designate an individual or another	e Van Van
The name and th	ne Florida street addre	ss of the registered agent are:	Ú.
	DIEGO S. GUERR		
Name 11220 NW 84TH ST		Name S. 55	
		ST ST	1
	Flori	fa street address (P.O. Box <u>NOT</u> acceptable)	
	DORAL	FL 33178	
		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 provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)-

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):	
The name and address o	feach Manager or Managing Member is as follows:
Title:	Name and Address:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MOME - Managing Member	
MGRM	GN INTERNATIONAL GROUP, LLC
	11220 NW 84TH ST
	DORAL, FL 33178
MGRM	DIEGO S. GUERRAZZI
	11220 NW 84TH ST
	DORAL, FL 33178
	DORAL, FL 33178
	- CR
	<u> </u>
	5/20
	EE G
	<u> </u>
	FROR
(Use attachment if necessary)	,
CLE V: Effective date, if other than	
	st be specific and cannot be more than five business days pric
0 days after the date of filing.)	
	$C \cdot \Delta$
DESCRIPTO STANK TUDE	
REQUIRED SIGNATURE:	
	$\mathcal{M}_{\mathcal{L}}$
	W I was the

(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.)

DIEGO S. GUERRAZZI Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)