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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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FLORIDA LIMITED LIABILITY CO. GIR-SIX LLC

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J. SAULSBERRY EXAMINER MAR 0.1 2011

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H11000053116

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | | |
|--|--|--|--|
| ARTICLE I - Na The name of the L | me: .imited Liability Company is | : | |
| SI | Lust end with the words "Limited Liabi | | |
| ARTICLE II - A | | rincipal office of the Limited Liability Company is: | |
| Principal Office | Address: | Mailing Address: | |
| 335 S F BLVD AG MIQMI F | 3 SCA / NE PT 504 L 33/3/ | BUD APT 507 MIGMI FL 33131 | |
| (The Limited Liability C | legistered Agent, Registered company cannot serve as its own Regis active Florida registration.) | d Office, & Registered Agent's Signature: | |
| The name and the | Florida street address of the | registered agent are: | |
| | GUIDO INTE | ZAGO-ROCA AHASSE TEB 28 | |
| | Name | SSE 28 | |
| | 335 S BISCAY | WE BIVE APT 50 7 FG ST ITS ITS ITS ITS ITS ITS ITS ITS ITS | |
| | Minima street ad | dress (P.O. Box NOT acceptable) FL 33 (3) -2335 | |
| | City, St | FL 33 (3) -2335 | |
| liability compa registered agent a statutes relating | ony at the place designated in t nd agree to act in this capacit to the proper and complete pe gations of my position as regi | accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all enformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S | |
| | 1-18-172 L | A60 K | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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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 | GUIDO TAMEISEO ROCA 335 5 BISCOYNE BLUD. APT 507 MIGMI FL 33131 |
| MGRM | SORIA SALTOS 335 5 BIOCAYNE BLUD. APT 507 MIGMI FL 33131 |
| MGRM | SARA TUTRIAGO 335 5 BISCO VIE BLUD. APT 507 MIGMI FL 33131 |
| MERM | ROFDEL TUTRISGO 335 S. BISCOYNE BLUD APT 507 MIAMI FC 33131 |
| (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.) | e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | 2011 FEB 28 SECRETARY CHALLAHASSEE |
| (In accordance with section 60% constitutes an affirmation unde 1 am aware that any false information constitutes a third degree felon | 8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein active. mation submitted in a document to the Department of this year provided for in s.817.155, F.S.) |
| (D) (D) | TN+121A60 ROCA /ped or printed name of signee |
| Filing Fees: | |
| 642.6 00 END - English American of Course | |

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Cortificate of Status (Optional)

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