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ATTAMASSEE STATE

N. Gulkgan APK 2 2012

TO: Registration Section Division of Corporations					
SUBJE	T: GCG TRUCKING "LLC"				
	Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	GEORGIA CAMILLE GATSRIDON Name of Person	_			
	Name of Person				
	GCG TRUCKING "LLC" Firm/Company	_			
	Firm/Company				
7636 ALHAMISRA BLUD					
	Address				
MIRAMPR F. 33023 City/State and Zip Code					
Gabbi30.99.99@9mail.com E-mail-addless (10 be used for future annual report notification)					
25 maintainte 23 gb oc used for future annual report nonneautony					
For further information concerning this matter, please call:					
CREORGIA C. GATSRIDOW at (305) 910 7401 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00	iling Fee \$\sum_\$130.00 Filing Fee & Certificate of Status \$\sum_{\text{(additional copy is enclosed)}} \sum_{\text{(additional copy is enclosed)}} \sum_{				
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building				

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GCG TRUCKING "LLC" (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
7636 ALHAMTSRA BLAD. MIRATMAR FL 33083	7636 ALHAMBRA BOD 8 F MIRAMAR FL 330115 3 C			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:				
GCG TRUCKING Name	· · · · · · · · · · · · · · · · · · ·			
7636 ALHAMBILA ISLUD Florida street address (P.O. Box NOT acceptable)				
MIRATARIC City, Stat	FL 33023 e, and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity.	ecept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and			

(CONTINUED)

G. Gashidon
Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608. F.S..

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** G. Gabbids— Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) GEORGIA GATSTIDON 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)

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

\$ 5.00 Certificate of Status (Optional)