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

From: Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : I20100000060  
Phone : (305) 828-1148  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
G & M MANAGEMENT INVESTMENT L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**D. BRUCE**

SEP 19 2012

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EFFECTIVE DATE 09/18/12

9/18/2012

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**G & M MANAGEMENT INVESTMENT L.L.C.**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

10365 N W 127 TERRACE  
HIALEAH GARDENS FL 33018

**Mailing Address:**

10365 N W 127 TERRACE  
HIALEAH GARDENS FL 33018

**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 another business entity with an active Florida registration.)

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

FRANCISCO OMANA

Name

10365 NW 127 Terrace

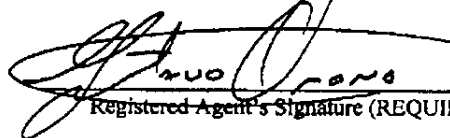
Florida street address (P.O. Box **NOT** acceptable)

Hialeah

FL 33018

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

EFFECTIVE DATE 09/18/12

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

FRANCISCO OMANA  
10365 NW 127 TERRACE  
HIALEAH GARDENS FL 33018

MGRM

MERCEDES DE OMANA RANGEL  
10365 NW 127 TERRACE  
HIALEAH GARDENS FL 33018

MGRM

GUSTAVO OMANA  
10365 NW 127 TERRACE  
HIALEAH GARDENS FL 33018

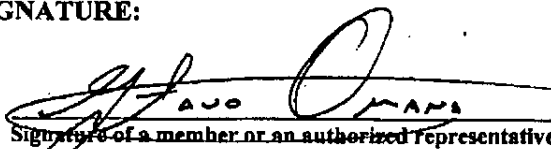
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/18/2012 (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:**

  
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.)

**GUSTAVO OMANA**

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)