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FEB -5

FLORIDA LIMITED LIABILITY CO. GAMMA BUSINESS SOLUTIONS, LLC.

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2/5/2013

ARTICLES OF ORGANIZATION FOR

GAMMA BUSINESS SOLUTIONS, LLC.

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

GAMMA BUSINESS SOLUTIONS, LLC.

13 FEB -5 AM 8: 41
SEUGLIGHT SF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF CUSTOMER TECHNICAL SERVICE AND ANY OTHER BUSINESSS IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

PREPARED BY: TURNER-MCGOWAN & ASSOCIATES LLC. 1100 S STATE ROAD 7, STE 200A MARGATE, FL 33068 954) 970-0006

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS
6612 SW 41ST STREET
DAVIE, FL 33314

BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. OTHEL TURNER: 1100 S STATE ROAD 7, STE 200A, MARGATES FL 33068.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

OTHEL TURNER

ARTICLE V

THE NAMES AND	POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIATION:
DANIEL ROBERT	RIVERA
6612 SW 41 ^{SR} ST	REET
DAVIE, FL 333	
	ALLAH
	HASSE 5
	MANAGER'S SIGNATURES
·	Ty. 60
DANE ROBERT	RIVERA 9: 12
DANGET ROBERT	RIVERA
STATE OF FLORI COUNTY OF BROW	
BEFORE ME, THE	UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS
	CKNOWLEDGMENTS, PERSONALLY APPEARED DANIEL ROBERT ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE
	HE FOREGOING ARTICLES OF INCORPORATION.
WITNESS MY HAN	B AND SEAL THIS 4 DAY OF TOBELLOPS. 2013.
Med	NOTARY PUBLIC, STATE OF FLORIDA
(SIGNATURE OF	NOTARY)
(SEAL)	MOCALE C SEELAL. MY COMMISSION 6 EE 125463 COVERES - Annual 23, 2015