

**L130001001753**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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**FLORIDA LIMITED LIABILITY CO.  
AT & GT GROUP, LLC.**

Certificate of Status	1
Certified Copy	0
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MAY 06 2013

D. BRUCE

*H13 0001001753.*

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

**AT & GT GROUP, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**AT & GT GROUP, LLC.**

**ARTICLE II - ADDRESS**

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

**1173 NW 135 COURT  
MIAMI, FL. 33182**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ATILIO E. TORRES CIANO**

**1173 NW 135 COURT**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33182**

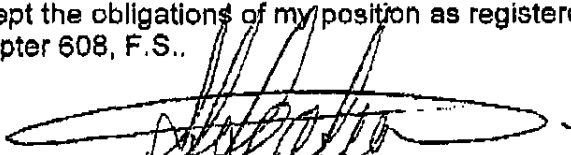
City, State, and Zip

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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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****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

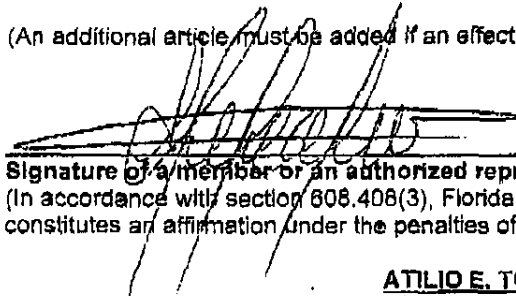
**ATILIO E. TORRES CIANO**  
1173 NW 135 COURT  
MIAMI, FL. 33182

**MANAGER**

**GABRIELA TORRES**  
1173 NW 135 COURT  
MIAMI, FL. 33182

**MANAGER**

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**ATILIO E. TORRES CIANO**  
Typed or printed name of signee

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