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Special Instructions to	Filing Officer:	

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B. BOSTICK JUN **1 2** 2014

EXAMINER

COVER LETTER

TO: Registration Division of C	s Section Corporations		
SUBJECT:	GA/AXY Name of Lin	Extiles LA	C.
The enclosed Articles	of Organization and fce(s) ar	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	•
	Robert -	J HARRE //	
		Name of Person	
	GALAXY T	Extiles LL	G.
	•	Firm/Company	
	4820 Esec	PRA CT Address	
		Address	
	LAKE WOR	the FLORIDA	33467
bot	o. 64/4×4 tex	The Flori DA Sity/State and Zip Code The JES B B MAI / 4 If for future annual report notifications in the second secon	ation)
For further information	on concerning this matter, plea	ase call:	ر الله الله الله الله الله الله الله الل
Robert J	HARREII at (_	919 619 - Z Area Code Daytime Te	2896 lephone Number
	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	illing Address	Street/Courier Add	ress

. Tey og da

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
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:	
GAIAXY TEXTIL	es ILC.
(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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4820 ESECRA CT LAKE WORTH FC 32467	4870 ESEDEN ET LAKE WORTH FLORIDA 33467
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
MO BERT T	HARRE!
Name	
4820 Esegra C	+ LAKE Worth FL 33467
Florida street address (P.O. Box	NOT acceptable)
City	FL Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
(CONTINUI	CD)
Page 1 of 2	Eng.

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Robert T HARREU
	LAKE WORTH FL 3846
	·
Use attachment if necessary)	
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing:
V: Effective date, if other than the date tive date is listed, the date must be spefiling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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CVI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days prior to or security and cannot be more than five business days are cannot be more than five business days and cannot be more than five business days are

Page 2 of 2

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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)