

L14000 179066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

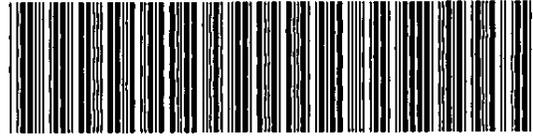
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 19 2014

T. HAMPTON

46269-1107

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11/17

- CERTIFIED COPY _____
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- CUS _____
- FILING LLC _____

1. Gammatrade LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

TO ALL APPLICANTS
JUSTICE DEPARTMENT OF FILING

2014 NOV 18 PM 3:14

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

November 18, 2014

CORPORATE ACCESS INC

Corrected

SUBJECT: GAMMATRADE LLC
Ref. Number: W14000069392

We have received your document for GAMMATRADE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 614A00024420

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

GAMMATRADE LLC

ARTICLE II.

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

500 N DIXIE HWY BAY 10

HOLLYWOOD FL 33020

The mailing address of the Limited Liability Company is:

3951 S OCEAN DRIVE UNIT 402

HOLLYWOOD FL 33019

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TALLAHASSEE, FLORIDA

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

MRAVIK , PAL

3951 S OCEAN DRIVE UNIT 402

HOLLYWOOD FL 33019

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 605, F.S..



Registered Agent's Signature

11/14/2014

Date:

ARTICLE V.

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

Name and Address:

Title: MGRM

MRAVIK, PAL

3951 S OCEAN DRIVE UNIT 402

HOLLYWOOD FL 33019



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In accordance with section 605.408(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.



11/14/2014

Signature of a member or an authorized representative of a member.

PAL MRAVUK

11/14/2014

Typed or printed name of signee

Date

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TALLAHASSEE, FLORIDA