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J. Shivers DEC 0 2 2014

## COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJE	CT: GEF	I ASSOCIATES, LLC		
		Name of Lir	nited Liability Company	
The enc	losed Articles	of Organization and fee(s) a	re submitted for filing.	
Please r	eturn all corre	spondence concerning this m	atter to the following:	
	<u></u>	GERALD RUBIN		
			Name of Person	
	<del></del>		Firm/Company	
	<del>-</del>	959 Parkside Circl		
			Address	
	<del></del>	<del></del>	486	
			City/State and Zip Code	
		RARDEV2@ao1 . com E-mail address: (to be use	d for future annual report notifica	ition)
For furt	her informatio	on concerning this matter, plea	ase call:	
<u>Geral</u>	d Rubin Na	at (at (at (at (	973 589-6900 Area Code Daytime Tel	ephone Number
Enclose	d is a check f	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
	Reg Div P.C	illing Address gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314	Street/Courier Adding Registration Section Division of Corporate Clifton Building 2661 Executive Centrallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
GEPI ASSOCIATES,	uc					
(Must end with the words "Limited L		npany, "L.L.C.,"	or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Li	mited Liability	Company is:			
Principal Office Address:	Mailing A	ddress:				
959 Parkside Circle No. Boca Raton, FL 33486		rkside Cir aton, FL				
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered A			individue	ıl or	
The name and the Florida street address of the registered ap	gent are:					
Gerald Rubin						
Name		<del></del>	_			
959 Parkside Ci Florida street address (P.O. Box M	rcle No IOT accept	able)	-			
Boca Raton	FL _	33486_	_			
City	<del></del>	Zip	_			
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	he appointm all statutes	ent as registere relating to the p	d agent and a roper and coi	gree to a mplete pe	ct in th rforma	is nce
				≸ω		
Registered Agent's Signatur	re (REQUIF	RED)		BORE TA	AON: 5	***
(CONTINUE)	D)			RY	9	france.
Page 1 of 2				DESIA!	AM 10: 4.	m O

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Gerald Rubin
	959 Parkside Circle No.
	Boca Raton, FL 33486
	<del></del>
<del></del>	
Use attachment if necessary)	
EV: Effective date, if other than the da ctive date is listed, the date must be s	te of filing:
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the date ctive date is listed, the date must be so filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m  (In accordance with section of constitutes an affirmation unlimation unlimation and a may a section of the constitutes and affirmation unlimation unli	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are triple permation submitted in a document to the Department of State.
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