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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 20 7015

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT		G3X Design, LLC. imited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this i	matter to the following:	
		Janeen Gordillo Name of Person	
		G3X Design, LLC, Firm/Company	
		, ,	
		4613 N Eddy Drive Address	
		Tampa, FL 33603 City/State and Zip Code	
	E-mail address: (to be use	eye@g3xdesign.com ed for future annual report notific	ation)
For further	information concerning this matter, ple	ease call:	
Janeen G	ordillo at (Name of Person	813) 928-7740 Area Code Daytime Te	lephone Number
Enclosed is	a check for the following amount:		
l \$125.00 F	ling Fee \$\Bigcup \frac{130.00}{\text{ Filing Fee & Certificate of Status}}	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
G3X Design, LLC. (Must end w	ith the words "Limite	d Liability Company, "L.L.C.," or	· "LL.C.")
ARTICLE II - Address: The mailing address and street add	dress of the principal of	office of the Limited Liability Cor	npany is:
Principal Office Address:		Mailing Address:	
4613 N Eddy Drive Tampa, FL 33603		4613 N Eddy Drive Tampa, FL 33603	
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annof serve as its own	n Registered Agent. You must des	
The name and the Florida street ac	ldress of the registere	d agent are:	
	Janeen Ge Nam		
Florida st	4613 N Edd reet address (P.O. Bo	y Drive ox <u>NOT</u> acceptable)	
<u>Tampa</u>	City	FL 33603 Zip	
the place designated in this cer capacity. I further agree to com	agent and to accept so tificate, I hereby acce ply with the provisions with and accept the ol	ervice of process for the above state pt the appointment as registered as s of all statutes relating to the prope bligations of my position as registed noter 605, F.S	gent and agree to act in this er and complete performance
Re	gisfered Agent's Sign	ature (REQUIRED)	Ä,
••••	(CONTINU	JED)	15 JAN -8 AI BEDRETARY O

Title:	Name and Address:
"AMBR" = Authorized Member	ALL MALE MALE MALE MALE MALE MALE MALE M
"MGR" = Manager	
AMBR	Janeen Gordillo
	4613 N Eddy Drive
	Tampa, FL 33603
AMBR	Steve Gordillo, PE
	4613 N Eddy Drive
	Tampa, FL 33603
(Use attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the datective date is listed, the date must be spot filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) E VI: Other provisions, if any. REQUERED SIGNATURE	pecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Lordello
E V: Effective date, if other than the date ective date is listed, the date must be sport filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a more of the constitutes an affirmation under a market that any false info	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of any (In accordance with section 6) constitutes an affirmation und 1 am aware that any false inforconstitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of any (In accordance with section 6) constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)