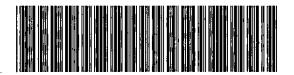
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(Re	equestor's Name)	
(Ad	idress)	<u></u>
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	ation Section n of Corporations		
SUBJECT:	GAZHUA Name of Lin	Brothers LL mited Liability Company	.c
The enclosed Art	ticles of Organization and fee(s) a	re submitted for filing.	
Please return all	correspondence concerning this m	natter to the following:	
	(Arlos (
	(Atrios C	Name of Person	
		Firm/Company	
	1025 6	120 st	
	12580 5	W 130 St Address	
	Miani,	FL , 33186 City/State and Zip Code	
	E-mail address: (to be use	ed for future annual report notifica	ation)
For further inform	nation concerning this matter, ple	ase call:	
4 1			VC-25
	Name of Person	Area Code Daytime Te	dephone Number
Enclosed is a che	eck for the following amount:		
\$125.00 Filing F	•	□\$155.00 Fiting Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•		0	

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
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:
GAZTUA Brothers LIC
(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 office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
12380 Sh 13057 Mari FL 33186 Mari FL 33186
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Arlus GAZ TVA Name 12380 SV 130 ST
Florida street address (P.O. Box NOT acceptable)
City FL 33186
City Zip
Having been named us registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standes 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 F8.
(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Cooper Conjustant
MGR	Gazetur Family Trust #1
MGR	GAZitua Family Trust #2
fective date is listed, the date must be	tate of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the offective date is listed, the date must be of filing.)	
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