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	To: Division of Corporations Fax Number : (850)617-6383 Fax Number : LAZARUS CORPORA Account Name : LAZARUS CORPORA Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	ATE FILING SERVICE, INC.		
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	FLORIDA LIMITED LIABILITY CO. G D M CREATIONS, LLC			
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4	A	RTICLES OF ORGANIZATION FOR J	CORIDA LIMITED LIABILITY COMPANY
	ARTICLE I - Name The name of the Lim	e: htcd Liability Company is:	
	GDMCR	EATIONS, LLC	
-	<u> </u>	(Must end with the words "Limited	Liability Company. "L.L.C.," or "LLC.")
	ARTICLE II - Add The mailing address		trice of the Limited Liability Company is:
F	riacipal Office Ad	dress:	Mailing Address:
-	7900 накво	R' ISLAND DR	7900 HARBOR ISLAND DR
-	STE 704 NORTH BAY	VILLAGE, FL 33141	STE 704 NORTH BAY VILLAGE FL 33141
. a	The Limited Liabilit nother business ent	sistered Agent, Registered Office, of ty Company cannol serve as its own bity with an active Florida registration orida street address of the registered	Registered Agent. You must designate an individual or n.)
		MIGUEL MARTIN HE	RNANDEZ
		Name 7900 HARBOR ISL	
		Florida street address (P.O. Box	
		NORTH BAY VILLAGES	5 FL 33141
	,	City	Zip Ziri
	the place designal conacity. I further	ued in this certificate, I hereby accept agree to comply with the provisions of I am familiar with and accept the obj	vice of process for the above stated limited liability company at t the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in er 605, F.S.
		Registered Agent's Signat	hire (REQUIRED)
		(CONTINU	
		Page 1 of 2	

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VIGO & VIGO, LLP

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ARTICLE IV. The name and address of each person aud	thorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager AMBR	MIGUEL MARTIN HERNANDE2
	7900 HARBOR ISLAND DR. STE 704 NORTH BAY VILLAGE.FL 3314.1
AMBR	DAMIAN DE LUCA
	7900 HARBOR ISLAND DR STE 740 NORTH BAY VILLAGE, FL 33141
AMBR	GUILLERMO LUIS D' AIELLO
	7900 HARBOR ISLAND DR. STE 74 NORTH BAY VILLAGE, FL 33141
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(Use attachment if necessary)	· · ·
ective date is listed, the date must be spee of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be spee of filing.)	
E V: Effective date, if other than the date o tective date is listed, the date must be spee of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
Every date is listed, the date must be spee of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, construites an affirmation under t I am aware that any false informs	eific and cannot be more than five business days prior to or 90 d ber or an authorized representative of a member. (203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided (or in 3.817 155 F.S.)
REQUIRED SIGNATURE: (In accordance with section 605, constitutes an affirmation under t J am aware that any false informs constitutes a third degree felony a MIGUEL MAR	eific and cannot be more than five business days prior to or 90 d ther or an authorized representative of a member. (0203 (1) (b), Florida Statutes, the execution of this document the penelties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in 3.817.155, F.S.)
Evitive date is listed, the date must be spee of filing.) E VI: (Other provisions, if any.	eific and cannot be more than five business days prior to or 90 d ber or an authorized representative of a member. (203 (1) (b), Florida Statutes, the execution of this document the pendities of perjury that the facts stated herein are true. eifon submitted in a document to the Department of State as provided for in 3.817.155, F.S.) TIN HERNANDE2 Typed or printed name of signer
REQUIRED SIGNATURE: (In accordance with section 605, constitutes an affirmation under t I am aware that any false informs constitutes a third degree felony a MIGUEL MAR	eific and cannot be more than five business days prior to or 90 d ther or an authorized representative of a member. (203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) TIN HERNANDE2 Typed or printed name of signee
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