

**L16000004502**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
G.D. INTERNATIONAL INSURANCE GROUP, L.L.C.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**G.D. INTERNATIONAL INSURANCE GROUP, L.L.C.**

**ARTICLE II - Address:**

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

**Principal Office Address:**

4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

**Mailing Address:**

4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**WORLD OFFICE & BUSINESS PLACE, INC.**  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

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

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**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

Members Manager

**Name and Address**

JOSE G. LEON M  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

DAVID MONCADA  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

JOSE G. LEON C  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

FRANCA P. LEON  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

NANCY DE LEON  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

EFREN O. DIAZ  
4995 N.W. 72 Avenue Suite #205  
Miami Fl. 33166

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**REQUIRED SIGNATURE:**

JOSE G. LEON M.  
Signature of member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true)

[Signature]  
Typed or printed name of signed

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