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Florida Department of State  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
G.D. INTERNATIONAL INSURANCE GROUP, L.L.C.

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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

STATE  
TALLAHASSEE, FLORIDA

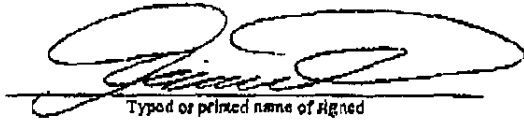
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**REQUIRED SIGNATURE:**

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

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

  
Typed or printed name of signed

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