

**L16000 109057**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

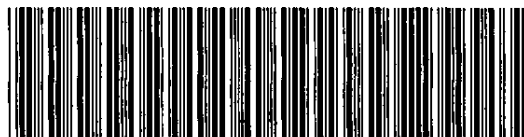
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/01/16--01014--004 \*\*125.00

FILED  
16 JUN -1 PM 3:15  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

JUN 7 2016  
S. GILBERT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GAMMA USA TECHNOLOGIES LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia Greenberg -Aguilar

Name of Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City/State and Zip Code

abdol77@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Greenberg-Aguilar

877

330-2677

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GAMMA USA TECHNOLOGIES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 JUN -1 PM 3:15

DADE COUNTY, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1825 NW Corporate Blvd

Ste 110

Boca Raton, FL 33431

Mailing Address:

1825 NW Corporate Blvd

Ste 110

Boca Raton, FL 33431

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:

Incorp Services, Inc

Name

17888 67th Court North

Florida street address (P.O. Box **NOT** acceptable)

Loxahatchee

FL

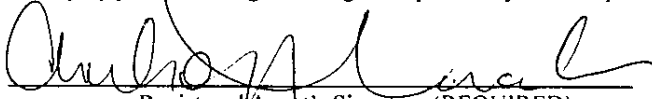
33470

City

State

Zip

*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 (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Abdelrahman Khdaire

Business Bay-Opal Tower 2007

Dubai, United Arab Emirates

Khaled Dabaan

Business Bay-Opal Tower 2007

Dubai, United Arab Emirates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

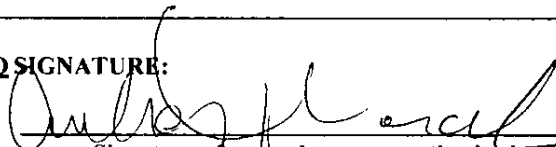
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony Morales (Authorized Representative)

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which \*Selene Enterprises LLC, a Nevada corporation dba MyUSA corporation.com has purchased resident agent service on through their account with Grantor.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2016.

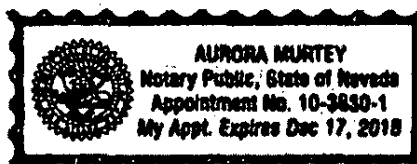
  
\_\_\_\_\_  
Jeff Steffen, Secretary

Dated: January 6, 2015

STATE OF NEVADA       )  
                                  ) ss  
COUNT OF CLARK       )

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 6, 2015, by Jeff Steffen as Secretary of InCorp Services, Inc., a Nevada corporation.

  
\_\_\_\_\_  
Notary Public in the State of Nevada



My Commission Expires: 12/17/18