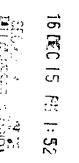
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GAIAYY Multi Second Name of Limited Liability	Vices.LLC Company
The enclosed Articles of Organization and fee(s) are submitted fe	or filing.
Please return all correspondence concerning this matter to the fol	lowing:
Jean Elie Celine / P	14tho celine
GALAXY Mutti Serv	icos. LLC
8050 North Miami	
Miami FL 3315	
City/State and Jeacel @ 3 moil - com	, oi
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	5.
My tho celine/fearelie at (305) Name of Person Celine Area Code	370 - 9581 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2	Itreet Address Jew Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
GALAXY Multi Service L. LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
(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:	

8050 North Miami Ave	8050 North Miami AVE
buite	Svite 1
Miami FL 33150	Miami F6 33150

Mailing Address:

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:

Principal Office Address:

ARTICLE I - Name:

dean & lie	Name	3~	
8080 North		AVE Suite #	l
Miami	FL	33150	
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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	dean Clif Cline 8050 North Hiami AVE suite #1 Miami, FL 33150
MGR	Mytho Coline 8050 North Miami Ave Soite#1 Miami, FL 33150
(Use attachment if necessary) CLE V: Effective date, if other than the d	ate of filing: (OPTIONAL)
CLE V: Effective date, if other than the deffective date is listed, the date must be to of filing.) If the date inserted in this block does not be determined in the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days at of meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the d effective date is listed, the date must be te of filing.) If the date inserted in this block does no comment's effective date on the Department of t	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister and of State's records.
CLE V: Effective date, if other than the d effective date is listed, the date must be ite of filing.) If the date inserted in this block does no comment's effective date on the Department of	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be site of filing.) If the date inserted in this block does not be cument's effective date on the Department's effective date on the Department	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be lister of State's records.