05/12/2018 13:

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001760363)))



H180001760363ABC%

~ <del>~~~~</del>	so will generate another cover sheet.	- CR
To:	Division of Corporations	ITAR TASS
	Fax Number : (850)617-6381	2 A 8Y OF SEE.
From:		75 <del>1</del>
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	<u> </u>
	Account Number : I20000000019	<u> </u>
	Phone : (305)\$52-5973	
	Fax Number : (305)220-1440	

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

Email	Address:			

## FLORIDA LIMITED LIABILITY CO. G & D SUPPLIER LLC

A E C E 1/4 E D

B JUN 12 PM 2: L3

CATORA

CA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGANI JUN 13 2018 06/12/2018 13:45 3052201440

FILED 2018 JUN 12 AM 8:51

ARTICLES OF ORGANIZATION SECRETA

## SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA LIMITED LIABILITY COMPANY

ADD TAX 10: 38-3986075	
ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LC,"	
G&D Suppliers LLC	
ARTICLE II - Address:	•
The mailing address and street address of the principal office of the Limited Linbility	
Company is:	
0035 NW 102 CT	
Doral FL 33178	
	,
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: Othe Limited Limbility	
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
	1 4
trancisco Manuel Gamez Cholle	<del>/ +</del>
8635 NW 102 CT	
Doral FL 33178	
ARTICLE IV-	
The name and title of each person authorized to manage and control the Limited Liability Company:	
Francisco Manuel Gomez Chollet	H
(AMBR)	
Andrea Victoria Diaz zambrano	
(AMBR	
concepcion chollett Monteverde	
(MGR)	
·.	

Required Signatures:

Signature of a member or an authorized representative of a member

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)