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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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.

GDL Asset Management, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: GDL Asset Management, LLC (Must contain 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: Principal Office Address: Mailing Address: 2600 S. Douglas Rd. 2600 S. Douglas Rd.

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:

Suite 610

Coral Gables, FL 33134

NRAI SERVICES	INC.	
	Name	
1200 S. Pine Island	Rd.	
Florida street addr	ess (P.O. Box <u>NOT</u> acc	cptable)
Plantation	Florida	33324
City	State	7in

Suite 610

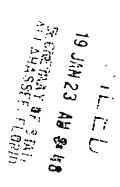
Corni Gables, FL 33134

Having been named as registered agent and to accept service of process for the above stated limited hability 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 Ageny Signature (REQUIRED)

Vice President
and Assistant Secretary

(CONTINUED)



"AMBR" = Authorized Member "MGR" = Manager Manager Genaro Diaz 2600 S. Douglas Road, Suite 610 Coral Gables, FL 33134 (Use attachment if necessary) TCLE V: Effective date, if other than the date of filing: or effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days atte of filing. if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list locument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of sharing by a natural filing in accordance with section 603.0203 (1) (b), Florida Statutes, I am award that play habe information submitted in a document to the Department of State constitutes as their degree felony as provided for in s.817.155, F.S. Gentro Diaz Typed or printed name of signec Filing Fees: \$125.00 Filing Fees for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$30.00 Certificate of Status (Optional)	BR" = Authorized Member R" = Manager ager Genaru Diaz 2600 S. Douglas Road, Suite 610 Corol Gables, FL 33134 Butachment if necessary) Effective date, if other than the date of filing:	"MGR" = Manager Genaro Diaz 2600 S. Douglas Road, Suite 610 Cord Gables, FL 33134 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of stationary false information submitted in a document to the Department of State constitutes a librid degree felony as provided for in s.817.155, F.S. Genaro Diaz Typed or printed name of signee Filing Fees: \$125.00 Filing Fees for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifled/Copy (Optional)	Title:	Name and Address:
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