

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L19000181002
FILED 8:00 AM
July 15, 2019
Sec. Of State
mdjohnson

Article I

The name of the Limited Liability Company is:

ISLAND GYAL MARKETING, LLC

Article II

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

386 ANGLER DR #2101
GOODLAND, FL. 34140

The mailing address of the Limited Liability Company is:

PO BOX 128
GOODLAND, FL. 34140

Article III

Other provisions, if any:

MARKETING COMPANY WITH ENTERTAINMENT, MEAL AND TOURING
SERVICES TO BUSINESSES THAT WOULD LIKE TO PROVIDE SPECIAL
CARE TO THEIR CLIENTS.

Article IV

The name and Florida street address of the registered agent is:

MADAY RAMIREZ
386 ANGLER DR. #2101
GOODLAND, FL. 34140

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.

Registered Agent Signature: MADAY RAMIREZ

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
MADAY RAMIREZ
PO BOX 128
GOODLAND, FL. 34140

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Article VI

The effective date for this Limited Liability Company shall be:

07/08/2019

Signature of member or an authorized representative

Electronic Signature: MADAY RAMIREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.