

L21000000019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

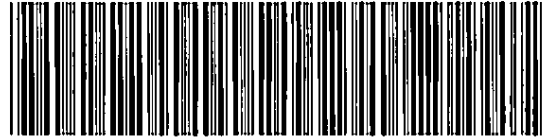
(Business Entity Name)

(Document Number)

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

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 12/16/2020

- CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- XX** **FILING** **LLC** \_\_\_\_\_

1. GAMMA+ LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

**ARTICLES OF ORGANIZATION  
OF  
GAMMA+ NA, LLC**

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The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of Chapter 605 of the Florida Revised Limited Liability Company Act, hereby certifies that:

**FIRST:** The name of the limited liability company is Gamma+ NA, LLC (the "Company").

**SECOND:** The mailing address and street address of the principal office of the Company is 935F NW 31st Avenue, Pompano Beach, FL 33069.

**THIRD:** The name and street address of the registered agent of the Company are:

Universal Registered Agents, Inc.  
1317 California Street  
Tallahassee, FL 32304

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, 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.

*Joanne Caswell, Asst. Secretary*

Registered Agent's Signature

**FOURTH:** The name and address of each person authorized to manage and control the Company are:

<u>Title</u>	<u>Name and Address</u>
AMBR	Kenneth Russo 935F NW 31st Avenue Pompano Beach, FL 33069

**FIFTH:** The Company shall, to the fullest extent permitted by the provisions of the Florida Revised Limited Liability Company Act, as the same may be amended and supplemented, indemnify the members, managers, and officers of the Company.

**SIXTH:** 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.

Dated: December 28, 2020

/s/ Arthur M. Rosenberg  
Arthur M. Rosenberg  
Authorized Representative