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.

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To:			_	
	Division of Corporations Fax Number : (850)617-6381		-	
From:				
	Account Name : EXPRESS CORPOR Account Number : 120000000146	ATE FILING SERVICE INC	• :	,
	Phone : (305)444-4994		<u>-</u>	•
	Fax Number : (305)444-4977			
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Corporate Filing Menu

Electronic Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:					
The name of the Limited Li	ability Company is:				
GEC GROUP L					
(Must	contain the words "Limited	d Liability Company, '	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and str	ect address of the principal	office of the Limited	Liability Company is:		
<u>Pri</u>	incipal Office Address:		Malling Address	<b>:</b>	
2250 SW 3rd A	VE.	SAM	IE		
STE: 100					
MIAMI, FL 33	129		·	·	
ARTICLE III - Registeres (The Limited Liability Com- another business entity with The name and the Florida st	pany cannot serve as its on h an active Florida registrat	m Registered Agent. Vion.)		dual or	2021 FE
	GASTON CORRA	Di			<u> </u>
	<del></del>	Name		,	2 <del>+</del>
	2250 SW 3rd AVE	., STE: 100			P :
	Florida street addre	233 (P.O. Box <u>NOT</u> ac	eceptable)	·:	1
	MIAMI	FL	33129	<del>-</del> 1	ယ ယ
	City	Sieże.	7:-		ĩõ

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED

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Title: "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	
AMBR	GASTON CORRADI
	2250 SW:3rd AVE., STE: 100 MIAMI, FL 33129
	etterit. 15 35(2)
	**************************************
(New attachment if necessary)	
,	n the date of filing:
EV: Effective date, if other that ethye date is listed, the date m	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 o
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Filing Fee;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)