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 : NEW LIFE COMPANY, INC.

Account Number : 120150000122

Phone : (786)218-4201 Fax Number : (786)452-0986 Fax Number

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 MARKETING 305 LLC**

Certificate of Status			1
Certified Copy		*	0
Page Count	·	-	01
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			VETER TO THE

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	G MARKETING 305 LLC	
30000	Name of Limited Liability Company	
The encl	closed Articles of Organization and fee(s) are submitted for filing.	
Please ro	return all correspondence concerning this matter to the following:	
	STHEPANY DOMINGUEZ	
	Name of Person	
	G MARKETING 305 LLC	
	Firm/Company	
	5757 SW 8 ST SUITE 201	
	Address	
	MIAMI, FL 33144	
	City/State and Zip Code gmarketing305@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further	er information concerning this matter, please call:	
	STHEPANY DOMINGUEZ 786 365-8760	
٠.	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
□ \$ 125.0	.00 Filing Fee \$\Bigsim \bigsim \bigsi	
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	Malling address Transfer Co. Street Address New Filing Section New Filing Section Division	
	Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415:N. Monroe Street, Suite 810 Tallahassee FL 32314 Tallahassee FL 32314	SEP 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the corporation shall be:

G MARKETING 305 LLC

ARTICLE II

The street address of the principal office of the limited liability company is:

5757 SW 8 ST SUITE 201 MIAMI FL 33144

The mailing address of the limited liability company is:

5757 SW 8 ST SUITE 201 MIAMI FL 33144

ARTICLE III

Initial registered agent and street address:

STEPHANY, DOMINGUEZ (Name) (Last Name) 5757 SW 8 ST SUITE 201 MIAMI FL 33144

Having been named as a registered agent and accepting service of process for the above state 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 a registered agent.

REGISTERED AGENT SIGNATURE

STEPHANY, DOMINGUEZ
(Name) (Last Name)

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ARTICLE IV

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

TITLE: MGR STEPHANY, DOMINGUEZ (Last Name) 5757 SW 8 ST SUITE 201 **MIAMI FL 33144**

ARTICLE V

The effective date for this Limited Liability Company shall be:

09/20/2022

Signature of a member or an authorized representative

IANY, DOMINGUEZ

(Last Name)

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.