Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO.

Gatsby's Investment Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORII	DA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Galsby's Investment Group, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
A MONEY TO LA A A A A	
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
The maining address and street address of the principal office of	the rainted manary company as
Principal Office Address:	Mailing Address:
11 1 TO	INTER CONTRA Assessed Limit 601
10185 Collins Avenue, Unit 501	Bal Harbour, FL 33154
Bal Harbour, FL 33154	Bai nareour, FC 33134
	·
ARTICLE III - Registered Agent, Registered Office, & Reg	istered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	ered 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:
The name and the Fronta street address of the registered agent	
Vcorp Services, LLC	
Name	<u>c</u>

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

City State Zip

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 as provided for in Chapter 605, F.S..

Mimi Sanik

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Pagel of 2

ARTICLE.	IV-
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The name and address of each person authorized to manage and control the Limited Liability Company

<u>Title:</u>		Name and Address:			
	Authorized Member				
"MGR" = N	fanager				
<u>AMBR</u>		Anthony W. Arias		_	
	10185 Collins Avenue			_	
		Bal Harbour, FL 33154		_	
AMBR		Lonnic Hanlon			
	2735 Greensburg Rd			-	
		North Canton, OH 44720		- -	
		5			
AMBR		Derek Rine		_	
		2754 High Hampton Trail		_	
		Cuyahoga Falls, OH 44223		_	
				_	
				_	
(Use attachi	ment if necessary)				
ARTICLE V. Effect	ive date, if other than the date of	Cfiling: (OPTIO	08:414		
		ific and cannot be more than five business days p	JINAL)		_
the document's effect ARTICLE VI: Other	tive date on the Department of provisions, if any.	State's records.			
					_
REOUIRE	DSIGNATURE:	Scholin			_
		1		-	
	This document is executed I am aware that any false in	ber or an authorized representative of a member of in accordance with section 605,0203 (1) (b), Florinformation submitted in a document to the Department of provided for in \$.817,155, F.S.	ida Statutes	i. C	
	Racesa Ibrahim		둺엺	22	
		Typed or printed name of signee	- <u>{</u> -€	S	
		Typed of printed name of signed		<u> </u>	
		Filing Fees:		30	
\$125.00 F	iling Fee for Articles of Orga	nization and Designation of Registered Agent	(C) (1)		,
	ertified Copy (Optional)		1771	P X	[7]
\$ 5.00 C	ertificate of Status (Optional)	 .	<u></u>	J
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		Page 2 of 2	3.5	$\mathcal{O}_{\mathcal{I}}$	