

10/12/22, 3:27 PM

**L22000438164**

Florida Department of State

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.**

(((H22000350778 3)))



H22000350778ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

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

Email Address: eduardo@ecenterprise.com

**FLORIDA LIMITED LIABILITY CO.  
GAMIEM LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 1076B747-240D-4712-9AEO-64B9579443BA

FAX AUDIT # H22000350778 3

**ARTICLES OF ORGANIZATION  
OF  
GAMIEM LLC**

**ARTICLE I NAME**

The name of the limited liability company is: GAMIEM LLC

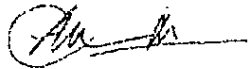
**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
2212 NW 91st Street #1142, Miami, Florida 33147.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: \_\_\_\_\_  
Chris Das, AVP, Business Filings Incorporated

Date: August 26, 2022

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:  
Martha Ormachea, 2212 NW 91st Street, #1142, Miami, Florida 33147

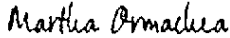
FAX AUDIT # H22000350778 3

DocuSign Envelope ID: 1076B747-240D-4712-9AE0-64B9579443BA

FAX AUDIT # H22000350778 3**ARTICLE V            DURATION**

The duration for the limited liability company shall be: Perpetual.

DocuSigned by:



1506373984054C9

Martha Ormachea, Organizer

Date: 10/12/2022

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FAX AUDIT # H22000350778 3

2022 OCT 12 PM 3:14