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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone

Fax Number : (305)328-4774

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. AJG HOLDINGS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORID	DA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
AJG HOLDINGS LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of Principal Office Address:	the Limited Liability Company is: Mailing Address:
1351 SW 16 STREET	9835 SUNSET DRIVE
MIAMI, FL 33145	STE 212
	MIAMI, FL 33173
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registernother business entity with an active Florida registration.) The name and the Florida street address of the registered agent.	cred Agent. You must designate an individual or

KEITH DIAMOND Name

3440 HOLLYWOOD BLVD, SUITE 415 Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD FL 33021 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..

> Keith Diamond Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

ARTICLE IV-

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary)		
ICLE V: Effective date, if other than the date a effective date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after	
ICLE V: Effective date, if other than the date in effective date is listed, the date must be spate of filing.) If the date inserted in this block does not a	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a	
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ICLE V: Effective date, if other than the date in effective date is listed, the date must be spate of filing.) If the date inserted in this block does not relocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical processing of the provision of the prov	meet the applicable statutory filing requirements, this date will not be listed at of State's records.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)