

1/12/23, 2:37 PM

**L23000015047**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.

(((H23000015978 3)))



F230000159783ABC2

**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 : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

**\*\*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.  
GAL CAPITAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**  
**OF**  
**GAL CAPITAL, LLC**

The undersigned hereby execute these Articles for the purpose of forming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declares that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company (the "Company").

**ARTICLE I: NAME**

The name of the Company shall be **GAL CAPITAL, LLC**.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the Limited Liability Company shall be 2950 NE 190<sup>th</sup> Street, Ste 207, Aventura, FL 33180.

**ARTICLE III: PURPOSE OF LIMITED LIABILITY COMPANY**


This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under Laws of the United States, the State of Florida, or any other state, country, territory or nation.

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and the Florida street address of the registered agent is:

Adi Shalom  
2950 NE 190th Street, Ste 207  
Aventura, FL 33180

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.

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE V: Manager(s) or Managing Member(s):**

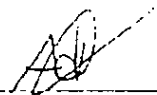
The names and addresses of managing member/manager are:

(AMBR)  
Adi Shalom  
2950 NE 190th Street, Ste 207  
Aventura, FL 33180

(AMBR)  
Lee Shalom  
1600 NE 1<sup>st</sup> Avenue, Ste 2304  
Miami, FL 33132

The undersigned, being the original member of the Company, hereby certifies that the foregoing constitutes the Articles of GAI CAPITAL, LLC.

Executed by the undersigned on January 11, 2023.

  
\_\_\_\_\_  
Signature of a member of an authorized representative of a member