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 : LAZARUS CORPORATE	FILING SER	VICE, INC.				
	Account Number : I20000000019 Phone : (305)552-5973						
	Fax Number : (305)675-5944						
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D REQUEST

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GMust end with the words "Limited Liability Company." LLC.," or "LLC."

GG MARKETING CONSULTANTS GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1320 NW 24TH ST

STE 1006

MIAM!, FL 33142

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

JEREMIAH'S SERVICE CORP

220 MIRACLE MILE STE 224A

CORAL GABLES, FL 33134

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

GEOVANNI GONZALEZ - MANAGER

Required Signatures;

Signature of a member or an authorized representative of a member.

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.

GEOVANNI GONZALEZ

Typed or printed name of signee

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.,

Deremy Betancourt
Registered Agent's Signature (REQUIRED)