Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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Email Address:______

FLORIDA LIMITED LIABILITY CO. GAM ENTERPRISE GROUP LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LILMITED LIABILITY COMPANY

ARTICLE ! - Name:

Effective date 1/1/2024

GAM Enterprise Group LLC

ARTICLE || - Address:

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

Principal Office Address:

Mailing Address:

10320 SW 181st Street

10320 SW 181st Street

Miami, FL. 33157

Miami, FL. 33157

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

Gustavo A Meneses

Name

10320 SW 181st Street

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33157

Miami

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 provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ART	ICLE	IV ~

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Gustavo A Meneses

10320 SW 181st Street

Miami, Fl. 33157

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SILES DECLED FOR THE