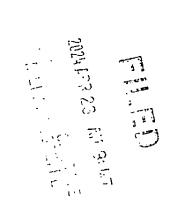
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	(Business Entity Name)	
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Special Instructions to	Filing Officer;	
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Authorization Signature:	IIS ACCOUNT: 120210000160: \$125.00
GMX4 USA LLC BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of On Certificate of Status	ganization
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
ProfitNot for Profit _XLimited LiabilityDomesticationOtherLLCCORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement Trademark
APOSTIL ()	Other P
	EXAMINER'S INITIAL'S:

, FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS A Authorization Signature:	ACCOUNT: 120210000160: \$125.00	
GMX4 USA LLC	- Control of the cont	
BUSINESS (Name)	Document #	
Walk in	Pick up time	
Mail out	Will wait	
Photocopy		
Certified Copy of Articles of Organi	zation	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>	
ProfitNot for Profit _XLimited LiabilityDomesticationOtherLLCCORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual Report	Foreign Filing Limited Partnership	
Fictitious Name	Reinstatement Trademark	•••
APOSTIL ()	Other S	. E.
	EXAMINER'S INITIALS?	j
	(i) (ii)	_

COVER LETTER

	New Filing Section Division of Corporations		
CHRIS	GMX4 USA LLC		
SUBJEC		nited Liability Company	
The encl	losed Articles of Organization and fee(s) are	e submitted for filing.	
Please re	eturn all correspondence concerning this ma	itter to the following:	
	MARTIN E DELLOCA		
		Name of Person	
	MDELL CONSULTING CORP		
		Firm/Company	
	848 BRICKELL AVE STE 1130		
		Address	
	MIAMI, FL, 33131		
		ity/State and Zip Code	
	MDELLOCA@MDELLCONSULTING	····	
	E-mail address: (to be used	for future annual report notificati	on)
For further	r information concerning this matter, please	call:	
	MARTIN E DELLOCA 30	5 6073493	
	Name of Person A	rea Code Daytime Telephone	e Number
Enclosed	i is a check for the following amount:		.7(
	00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Status
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	vision 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
GMX4 USA LLC (Must conta	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Li	mited Liability Compa	ny is:
Principa	al Office Address:		<u>Mailir</u>	ng Address:
848 BRICKELL AVE	E STE 1130		848 BRICKELL AVE MIAMI, FL 33131	STE 1130
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its owr ctive Florida registration	n Registered A on.)		ite an individual or
The hand and are Frontal second	BLUEMAX PARTN	_		
	BLUEWIAX FARTN	Name		
	848 BRICKELL AV	E STE 1130		
	Florida street addres		OT acceptable)	
	MIAMI	FLORI		
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the app ovisions of all statutes r ligations of my position	pointment as recelating to the passessistered to	gistered agent and agre proper and complete per agent as provided for in	re to act in this capacity. I rformance of my duties, and I Chapter 605, F.S
		(CONTINU	(ED)	

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

LANCED DU A	Name and Address:
'AMBR" = Autho 'MGR" = Manage	
J	
MGR	JAVIER OSCAR GUIGNARD 848 BRICKELL AVE STE 1130
	MIAMI, FL 33131
	Transfer and the second
MCP	ELIANA JUDITH MALERTI HAISSINER
MGR	848 BRICKELL AVE STE 1130
	MIAMI, FL 33131
V: Effective dat	ete, if other than the date of filing: (OPTIONAL)
EV: Effective dat ctive date is listed f filing.)	ete, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days prior to or 9
ctive date is listed f filing.) the date inserted i	ete, if other than the date of filing: (OPTIONAL)
EV: Effective date ctive date is listed filing.) the date inserted in the date in	ite, if other than the date of filing:
EV: Effective date is listed filing.) the date inserted in the date inserted in the date. Other provise VI: Other provise	in this block does not meet the applicable statutory filing requirements, this date will no late on the Department of State's records.
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CV: Effective date is listed filing.) The date inserted intent's effective date. VI: Other provisions.	in this block does not meet the applicable statutory filing requirements, this date will no late on the Department of State's records.
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EV: Effective date of the date is listed in filing.) the date inserted in the date inserted in the date inserted in the date. EVI: Other provise in the date in th	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. am aware that any false information submitted in a document to the Department of State on stitutes a third degree felony as provided for in s.817.155, F.S. MARTIN E DELLOCA Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (In this business days prior to or 9 (In this block does not meet the applicable statutory filling requirements, this date will not late on the Department of State on the Department of a member. (In this block does not meet the applicable statutory filling requirements, this date will not late on the Department of State on the Department of a member. (In this block does not meet the applicable statutory filling requirements, this date will not late on the Department of State on the Department of a member. (In this block does not meet the applicable statutory filling requirements, this date will not late on the Department of State on the Depart