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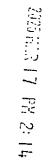
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WALK IN

| PICK U | UP: | 3/17 MEGHAN | |
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| CERTIFIED COPY | | | |
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| FILING | LLC | | <i>۰</i> ; |
| GFS COMMUNICATIONS | S LLC | | |
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COVER LETTER

| TO: | New Filing Secti Division of Corp | | | | | |
|----------------|--------------------------------------|---|-------------|-----------|--|---|
| SUBJEC | | unications LLC | | | | |
| PODIE | C1: | Name o | f Limited | Liability | Company | |
| The encl | losed Articles of (| Organization and fee | s) are sub | mitted fo | r filing. | |
| Please re | etum all correspor | ndence concerning th | is matter t | o the fol | lowing: | |
| | Gina Ferraro | Stults | | | | |
| | | | Na | me of P | erson | |
| | GFS Commu | nications LLC | | | | |
| | | | Fi | rm/Com | pany | |
| | 10060 NW 6 | 2nd Street | | | | |
| | | | ••• | Addres | s | |
| | Parkland, FL | 33076 | | | | |
| | | | City/S | tate and | Zip Code | |
| | | raro@gmail.com | | | | |
| | | - | | | nual report notification | onj |
| For furth | er information co | ncerning this matter, | please call | ı.Ţ | | |
| | Gina Ferraro | | 516 at (|) | 250-1561 | |
| | Nam | e of Person | Area (| Code | Daytime Telephone | e Number |
| Enclose | ed is a check for t | he following amount: | : | | | |
| ≣\$ 125 | 5.00 Filing Fee | □\$130.00 Filing I Certificate of Stat | us | Certifie | 00 Filing Fee & d Copy l copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ig Address Tling Section | | 1 | Street Address New Filing Section Di | |
| | P.O. E | on of Corporations Box 6327 assee, FL 32314 | | 2 | The Centre of Tallaha 1415 N. Monroe Stre Tallahassee, FL 3230 | et, Suite 810 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| GFS Communications | | 1 1 11 to Comment 5 | 1 1 C 2 or #1 (C 2) | |
|---|---|---|--|-------------------|
| (Must conta | in the words "Limited I | Liability Company, | L.L.C., OF LLC. | |
| CLE II - Address: | | | | |
| illing address and street ad | dress of the principal of | ffice of the Limited | Liability Company is: | |
| Principa | l Office Address: | | Mailing Address: | |
| 10060 NW 62nd Stree | et | 1006 | 0 NW 62nd Street | |
| Parkland, FL 33076 | | Park | land, FL 33076 | |
| | cannot serve as its own | Registered Agent. | nt's Signature: You must designate an individual or | |
| CLE III - Registered Age imited Liability Company business entity with an a | cannot serve as its own | Registered Agent. | nt's Signature: You must designate an individual or | |
| imited Liability Company | cannot serve as its own ctive Florida registratio | Registered Agent. 'on.) | nt's Signature: You must designate an individual or | |
| imited Liability Company business entity with an a | cannot serve as its own ctive Florida registratio | Registered Agent. 'on.) | nt's Signature: You must designate an individual or | |
| imited Liability Company business entity with an a | cannot serve as its own ctive Florida registration address of the registered | Registered Agent. 'on.) | nt's Signature: You must designate an individual or | r . |
| imited Liability Company business entity with an a | cannot serve as its own ctive Florida registration address of the registered | Registered Agent. 'n.) I agent are: Name | nt's Signature: You must designate an individual or | r . |
| imited Liability Company business entity with an a | cannot serve as its own ctive Florida registration ddress of the registered Gina Ferraro Stults | Registered Agent. 'n.) l agent are: Name | You must designate an individual or | |
| imited Liability Company business entity with an a | cannot serve as its own ctive Florida registration ddress of the registered Gina Ferraro Stults 10060 NW 62nd Street | Registered Agent. 'n.) l agent are: Name | You must designate an individual or | r . |

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..

(CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGR | Gina Ferraro Stults |
| | 10060 NW 62nd Street |
| | Parkland, FL 33076 |
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The name and address of each person authorized to manage and control the Limited Liability Company:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)