



# L99000000737

GDI DISTRIBUTORS, INC.

DISTRIBUTING TO THE PROFESSIONAL

February 9, 1999

Buck Kohr  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399


Dear Mr. Kohr,

Thank you for your assistance today. As we discussed, I have enclosed an original and a copy of the filing for the LC.

GDI Distributors Inc., a Florida corporation will be merged into the LC.

If you need any further information, please feel free to call me.

Sincerely,



Michael Zucker  
President

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MR 2/10/99

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DIVISION OF CORPORATIONS  
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**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS  
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**SUBJECT:** GDI, LC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

**FROM:** GDI Distributors Inc.  
Name (Printed or typed)

2400 W. Copans Rd #8  
Address

Pompano Beach FL 33069  
City, State & Zip

954-917-9277  
Daytime Telephone number

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GDI, LC

**ARTICLE II - Address:**

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

2400 W. Copans Road #8  
Pompano Beach, FL 33069

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michael Zucker  
2400 W. Copans Rd #8  
Pompano Beach, FL 33069

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

By unanimous consent of all  
members

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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

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**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of GDI, LC.  
\_\_\_\_\_ certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 750,000 .

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Zucker

Typed or printed name of signer

**Filing Fee: \$250.00 for Articles and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: GDI, LC.

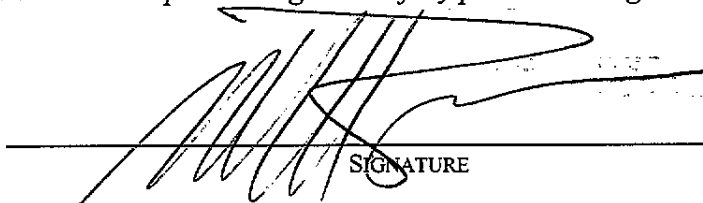
2. The name and the Florida street address of the registered agent are:

Michael Zucker  
NAME

22504 CARAVELLE Circle  
Florida street address (P. O. Box NOT ACCEPTABLE)

Boca Raton FL 33433  
CITY, STATE AND 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**