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OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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OFFICE USE ONLY

CORPORATION NAME(S) & U	OCUMENT NUMBER(S)	· I	_
1. GLOBAL STRA	JEGIC INVES	TMENTS,	LLC.
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2. (Corporation Name)	(Docu	ment#)	
3. (Corporation Name)	(Docu	ment #)	
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(Corporation Name)	•	iment#)	F F NAR ASS
Walk in Pick up time	2,06	Certified Copy	AND
Mail out Will wait	Photocopy	Certificate of Status	PH'2: 14 OF STATE E. FLORIDA
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name Name Reservation	AMENDMENTS Amendment Resignation of R.A., Offic Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement		NECHINED O1 MAY 17 M IO: 53 DIVISION OF CORNURATION
	Trademark]	
	Other	Gramin	er's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 620BAL STRATEGIC INVESTMENTS, LLC.

ARTICLE II - Address:

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

150 SE ZND AVENUE SUITE 1014 MIAMI, FLORIDA 33/31

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

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

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 608, F.S..

Registered Agent's Signature

A ALLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is SARY OF STARY OF ST

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

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

Typed or printed name of signee CESAR G. HIERNANDEZ

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)