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SECRETARY OF STATE
ALLAHASSEF FIORICA

B. KOHR
JUL 1 4 2009
EXAMINER

# **COVER LETTER**

TO:	Registration Division of C		
SUBJI	ECT:	STRATEGIC GL	LOBAL TECHNOLOGIES LLC
		Name of Limit	ited Liability Company
			•
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	tter to the following:
		UTAM SU	JRRENDRA MAHARAJ 🗼 🛶 🧯
			Name of Person
			Firm/Company SSTA
		3602	2 NW 82ND AVE
			Address
	<del></del>		SPRINGS, FL 33065
			ity/State and Zip Code
-			maharaj@gmail.com for future annual report notification)
For fur	ther information	concerning this matter, please	•
		ry Maharaj	at (954) <del>520-</del> 638-1753 Area Code & Daytime Telephone Number
	ivanie	e of retson	Area Code & Daytime Telephone Number
Enclos	sed is a check f	or the following amount:	
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liability Company is:		
		CHNOLOGIES LLC ity Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address		incipal office of the Limited Liability Company is	
Principal Office Addr	·	Mailing Address:	
3602 NW 82nd Ave Coral Springs, FL 330	065	3602 NW 82nd Ave Coral Springs, FL 33065	
	ny cannot serve as its own Regist	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another	
·	da street address of the r	egistered agent are:	
	HARRY MA	AHARAJ FIL AHARAJ	
Name			
	3602 NW 82	, 2	
Florida street address (P.O. Box NOT acceptable)			
Coral Springs, FL 33065 FL			
	City, State, a	nd Zip	
liability company at registered agent and ag statutes relating to the	the place designated in t gree to act in this capacity e proper and complete pe ons of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of a rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

# Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

DA 473 D H _ 1 4		Name and Address:
"MGR" = Mana "MGRM" = Mana	nger Inaging Member	
Wildian Inc	maging ividing of	
MGRM		UTAM MAHARAJ
		201 Davidson Street
		Gopaul Lands, Marabella, Trinidad
MGRM		TARA MAHARAJ
		201 Davidson Street
		Gopaul Lands, Marabella, Trinidad
MGRM		RENRICK L JUMRATTIE
		201 Davidson Street
		Gopaul Lands, Marabella, Trinidad
	• •	date of filing: (OPTION
LE V: Effective fective date is lided ays after the control of the	e date, if other than the isted, the date must be date of filing.)  IGNATURE:	date of filing: (OPTION e specific and cannot be more than five business d
LE V: Effective fective date is lided ays after the control of the	e date, if other than the isted, the date must be date of filing.)  IGNATURE:	e specific and cannot be more than five business d
(Use attachmen LE V: Effective fective date is lidays after the CREQUIRED S	e date, if other than the isted, the date must be date of filing.)  IGNATURE:	date of filing: (OPTION e specific and cannot be more than five business described with the control of
LE V: Effective fective date is li	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a prember (In accordance with sec	r or an authorized/representative of a member.  etion 608.408(3), Florida Statutes, the execution intuition under the penalties of perjury
LE V: Effective fective date is li	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member of this document const that the facts stated here	r or an authorized/representative of a member.  ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury rein are true.)  Utam Maharaj
LE V: Effective fective date is li	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a prember of this document const that the facts stated her	r or an authorized/representative of a member.  etion 608.408(3), Florida Statutes, the execution etitutes an affirmation under the penalties of perjury rein are true.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)