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COVER LETTER

TO:	New Filing Section Division of Corporations		
CUDIE	AIAH Global Enterprise, LLC.		
SUBJE	Name of	Limited Liability	Company
The enc	losed Articles of Organization and fee(s) are submitted f	or tiling.
Please re	eturn all corresponderice concerning this	s matter to the fol	llowing:
	Leila M. Thompson		
		Name of P	erson
	AIAH Global Enterprise, LLC.		
		Firm/Con	apany
	3200 Robinhood Rd		
		Addre	is s
	Tallahassee, Florida 32312		
	1 in the control of t	City/State and	Zip Code
	Leimthompson@gmail.com E-mail address: (to be	used for future ar	nual report notification)
For furth	er information concerning this matter, p		
	Leila M. Thompson	850 t (321-0289
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
	0 Filing Fee		O Filing Fee & S160.90 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDAL MITTED LIABILITY COMPANY

y Company, "L.L.C.," or "LLC.")
f the Limited Liability Company is:
Mailing Address:
Leila M. Thompson
3200 Robinhood Rd
Tallahassee, Florida 32312

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Leila M. Thompson		
	Name	
3200 Robinhood Rd		
Florida street addres	s (P.O. Box NOT acc	eptable)
Tallahassee	Florida	32312

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: " \overline{AMBR} " = Authorized Member "MGR" = Manager Leila M. Thompson AMBR ____ 3200 Robinhood Rd Tallahassee, Florida 32312 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: September 30, 2019 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATATE: Signature of a member or an authorized representative of a member.

Leila M. Thompson

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

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

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