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## **COVER LETTER**

TO: Registration S Division of Co			
<sub>SUBJECT:</sub> Globa	lEyes, LLC		11 FEB 10 PM
Sobole 1.		d Liability Company	
			10
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	2
Please return all corresp	ondence concerning this matte	er to the following:	,
John M. I	Bernazzoli, Esq.		
		Name of Person	
John M. I	Bernazzoli, Esq.		
		Firm/Company	
2734 Poll	k Street, Suite H		
		Address	
Hollywood,	FL 33020		
<del></del>		/State and Zip Code	
<del></del>			
		or future annual report notification)	
For further information	concerning this matter, please	call:	
John M. Bernazzoli		at (954 ) 923-9700	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 C Tallahassee, FL 32301	

	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	THE STATE OF THE S
The name of the Limited Liability Company	ny is:
GLOBALEYE SYSTEMS LLC  (Must end with the words "Limited	ny is:
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2734 Polk Street, Suite H	2734 Polk Street, Suite H
Hollywood, FL 33020	Hollywood, FL 33020
The name and the Florida street address of John M. Bernazzo	
-	Name
2734 Polk Str	eet, Suite H
2734 Polk Stro	eet address (P.O. Box <u>NOT</u> acceptable)
2734 Polk Str	eet, Suite H
2734 Polk Stro Florida stro Hollywood,	eet address (P.O. Box <u>NOT</u> acceptable)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Troy Traina 2734 Polk Street, Suite H Hollywood, FL 33020
MGRM	Jeffrey Gooch 2734 Polk Street, Stite H Hollywood, Pt. 33020
	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	nember or an authorized representative of a member.
constitutes an affirmation  1 am aware that any false	on 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
Jeffrey G	Typed or printed name of signee

Filing Fees:

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

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