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From:

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July 11, 2013

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: GLOBAL NETWORK & BUSINESS LLC

REF: W13000039080

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P11000068537 (GLOBAL NETWORK BUSINESS INC).

If you have any further questions concerning your document, please call (850) 245-6051.

Temmy Hampton Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: E13000154257 Letter Number: 013A00016938

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SECRETARY OF STATE
FALLAHASSEE, FLORIO

P.O BOX 6327 - Tallahassee, Florida 32314

	H 1 3	0 0 0 1 5 4 2 5 7.	! :
. A		FOR FLORIDA LIMITED LIABILITY	COMPANY
		npany is: NETWORK LLC mitted Liability Company, "L.L.C.," or "LLC.")	
	ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liabili	y Company is:
	Principal Office Address:	Mailing Address:	
	4928 SW 1987, RANCHES FL 33332	TERR. SAME	
	ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration	egistered Office, & Registered Agent's Sig s own Registered Agent. You must designate an individual o)	aature: r another
	The name and the Florida street addres	ss of the registered agent are: TAVAREZ Name	
	492	8 5W 198 TERR la street address (P.O. Box NOT acceptable)	, : :
	RANG	HES FL 3333Z City, State, and Zip	:
	liability compuny at the place des registered agent and agree to act in statues relating to the proper and accept the obligations of my post	tent and to accept service of process for the above ignated in this certificate, I hereby accept the uppoints capacity. I further agree to comply with the procomplete performance of my duties, and I am similation as registered agent as provided for in Chapte. Agent's Signature (REQUIRED)	ovisions of all lier with and
		(CONTINUED) Page 1 of 2	ED STATE STATE ORPORATIONS

H13000154257

The name and addre	ss of each Manage	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managi	na Member	Name and Address:
MGRM	·	RAFAEL TAVAREZ
	•	7,01101108 12 3,3332
	:	
	•	
·	:	
(Use attachment if r	· ,,	
LE V: Effective dat ffective date is listed I days after the date	l, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days
	Contract of the second	
	· \ \ /////	

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Typed or printed name of signee

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