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(Address)

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2004 AUG 10 PM 2:43  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 12 2004

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBO NOM LLC  
(Name of Limited Liability Company)

FILED  
2004 AUG 10 PM 2:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn H. Roberts  
(Name of Person)

(Firm/Company)

4340 Mayfair Dr.  
(Address)

Coconut Grove, FL 33133  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Roberts at (305) 740.8060  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2004 AUG 10 PM 2:43  
UNIFIED CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GLOBONOM LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

4340 Mayfair Dr.  
Coconut Grove FL 33133

**Mailing Address:**

P.O. Box 495  
MIAMI, FL 33133-0495

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

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

Lynn Roberts

Name

4340 Mayfair Dr.

Florida street address (P.O. Box NOT acceptable)

Coconut Grove FLORIDA 33133

City, State, and Zip

*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, Florida Statutes..*

[Signature]

Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Lynn H. Roberts  
4340 MAYFAIR DR.  
COconut GROVE FL 33133

MGR

MARIA-ELENA LOPEZ  
430 GREGORY AVE  
CORAL GABLES FL 33146-1802

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

LH Roberts  
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 true.)

Lynn H. Roberts  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA