

# L04000082547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

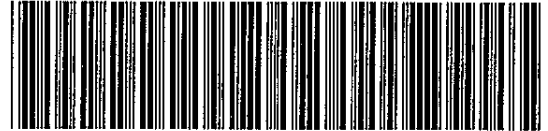
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/09/04--01064--019 \*\$125.00

04 NOV -9 PM 3:22

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FALL WASTE FLORIDA

D. PHILLIPS WELLS

5633 STRAND BOULEVARD - #312

NAPLES, FLORIDA 34110

OFFICE - 239.596.2064

CELL - 239.572.3670

Email: bimmerkatt@aol.com

3 November 2004

Registration Section  
Department of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: Global Composite Technologies LLC

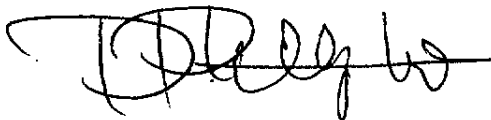
Gentlemen:

Enclosed is our Transmittal Letter and Articles of Organization  
for a Florida Limited Liability Company.

I am also enclosing my check for the Filing Fee (\$100.00) and  
Registered Agent (\$25.00).

We look forward to receiving our documents.

Best regards,



D. Phillips Wells

DPW

ENCLOSURES

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global Composite Technologies LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

(Name of Person) D. Phillips Wells  
(Firm/Company) Global Composite Technologies LLC  
(Address) 5633 Strand Boulevard  
(City/State and Zip Code) Naples, Florida 34110

For further information concerning this matter, please call:

(Name of Person) D. Phillips Wells at (239) 596.2064  
(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

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Global Composite Technologies LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

**5633 Strand Boulevard - #312**

**Naples**

**Florida 34110**

**5633 Strand Boulevard - #312**

**Naples**

**Florida 34110**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

**D. Phillips Wells**

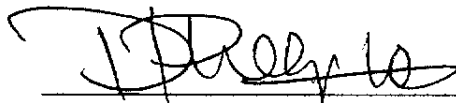
**5633 Strand Boulevard - #312**

**Naples, Florida 34110**

Name

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

*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.*



Registered Agent's Signature

CLERK OF COURT  
TALLAHASSEE, FLORIDA

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

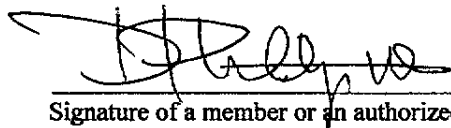
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>D. Phillips Wells</u> <u>5633 Strand Boulevard - #312</u> <u>Naples, Florida 34110</u>
<u>MGRM</u>	<u>Lee B. Hopper</u> <u>5023 Lee Boulevard</u> <u>Lehigh, Florida 33971</u>
<u>MGRM</u>	<u>Jeffrey D. Cohen, Esq.</u> <u>PO Box 12865</u> <u>LaJolla, California 92039</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

D. Phillips Wells

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