

W4000086481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 2 PM 3:05  
TALLAHASSEE, FLORIDA

W4-86481  
OK

CERTIFICATE FOR DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

That ALORY, LLC, desiring to organize a Limited Liability  
Company under the laws of the State of Florida, has named:

EDDIE SIXTO  
6772 West Flagler St.  
Miami, FL. 33144

as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above  
stated Limited Liability Company, at the place designated in this  
certificate, I, EDDIE SIXTO, hereby accept appointment as  
registered agent, I am familiar with, and accept the obligations of  
that position as provided for in Section 608 of the Florida  
Statutes and I agree to act in this capacity and agree to comply  
with the provisions of said Act relative to keeping open said  
office.

  
EDDIE SIXTO

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fidelity Global 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:

Jeff Kanz  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4329 Summit Creek Blvd. Suite 2301  
(Address)

Orlando FL 32837  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Kanz at ( 407 ) 405-1220  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

FILED  
JAN 12 2 51 PM '09  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Fidelity Global LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

4329 Summit Creek Blvd.  
Suite 2301  
Orlando FL 32837

#### Mailing Address:

4329 Summit Creek Blvd.  
Suite 2301  
Orlando FL 32837

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

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

Bill Clark

Name

4341 Summit Creek Blvd.

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

Orlando FL 32837

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, F.S.*

Bill Clark

Registered Agent's Signature

(CONTINUED)

**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:**

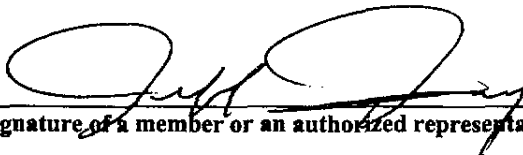
MGRM

Jeff Kanz  
4329 Summit Creek Blvd #2301  
Orlando FL 32837

(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.)

Jeff Kanz  
Typed or printed name of signee

FILED  
JAN 2 PM 3:06  
TALLAHASSEE, FLORIDA

**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)**