# 10500052591

(Requestor's Name)
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(Document Number)
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## TRANSMITTAL LETTER

TO: Registration: Division of C			
SUBJECT:	GLOBE INV	ESTMENTS, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
		URICE LICHY Name of Person)	<del></del>
	(	(Firm/Company)	
	1649 PF	RESIDENTIAL WAY	
		(Address)	
	NORTH M	IAMI BEACH, FL 33179	
-	(City	/State and Zip Code)	
For further informatio	on concerning this matter, please	call:	
	ICE LICHY	at ( 305 ) 778-594	
(Nar	ne of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	for the following amount:		
<b>5</b> \$125,00 Filing Fe	e  \$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)
	REET ADDRESS: istration Section	MAILING A Registration S	
Div	ision of Corporations E. Gaines Street	Division of Co P.O. Box 6327	rporations
	ahassee, Florida 32399	P.O. Box 632. Tallahassee, F	

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	GLOBE INVES	STMENTS, LLC
ARTICLE II - Addr	ess:	
The mailing address a	and street address of	f the principal office of the Limited Liability Company is
Principal Office Add	Iress:	Mailing Address:
1649 PRESIDENTIAL V	WAY	1649 PRESIDENTIAL WAY
NORTH MIAMI BEACH	I, FL 33179	NORTH MIAMI BEACH, FL 33179
•		istered Office, & Registered Agent's Signature: of the registered agent are:
•		
•	rida street address o	of the registered agent are:
•	rida street address o	of the registered agent are:
•	rida street address o MAU 1649 PRE	of the registered agent are:  RICE LICHY  Name  SIDENTIAL WAY
•	nrida street address o MAU 1649 PRE Florida s	of the registered agent are:  RICE LICHY  Name  SIDENTIAL WAY  treet address (P.O. Box NOT acceptable)
•	nida street address of MAU MAU 1649 PRE Florida st	of the registered agent are:  RICE LICHY  Name  SIDENTIAL WAY  treet address (P.O. Box NOT acceptable)  BEACH FL 33179
•	nida street address of MAU MAU 1649 PRE Florida st	of the registered agent are:  RICE LICHY  Name  SIDENTIAL WAY  treet address (P.O. Box NOT acceptable)

(CONTINUED)

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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:

MGRM	MAURICE LICHY
	1649 PRESIDENTIAL WAY
	NORTH MIAMI BEACH, FL 33179
MGRM	ARIEL L. KEREN
	3389 SHERIDAN STREET SUITE 500
	HOLLYWOOD, FL 33021
MGRM	YORAM ELKARIF
	3389 SHERIDAN STREET SUITE 500
	HOLLYWOOD, FL 33021
•	

**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.)

**MAURICE LICHY** 

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)