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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT:	GLOBAL ART SYN	NOICHTE, LLL	****
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	JOEL W.	HAMRIS Vame of Person)	
	(1)	√ame of Person)	
	GLOBAL AN	LT SYNDICATE, L	LL C
	(I	Firm/Company)	
	2560 S. OCEA	NBLUD, #210	ס
		(Address)	
	PALM BEACH,	FL 33480	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
JOEZ W.	Harris	at (-3851
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	r the following amount:		2005 J SECRI TALLAI
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certificate opy (additional copy is enclosed)
	ET ADDRESS:	MAILING A	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	<i>is</i> :				
GLOBAL ART SYNDICATE, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
2500 S. OCEAN BLUD. # 210 PALM BEACH, FL 33480	2560 S. OCEAN BLUD. # 210 PALM GEACH, FL 33480				
PALM BEACH, FL 33480	PALM GEALLY, FL 33480				
The name and the Florida street address of t					
N	HAZE! S ame				
2560 S. OCE	AN BLUD., # 210				
Florida stree	et address (P.O. Box NOT acceptable)				
PALM BEA	cH FL 33480				
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	tate, and Zip If to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as accity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608 F.S.				
Revisiered A	gent's Signature				

(CONTINUED)

<u>itle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRM	JOEZ W. HARRIS 2560 S. OCEAN BLUD, #210 PALM MARK, FL 33480

(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 perjugath that the facts stated herein are true.)

JOEZ W. HAKKIS

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)