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| (Re | equestor's Name) | | | |
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| (Ac | ldress) | | | |
| (Ac | idress) | | | |
| (Či | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

| TO: Registration Se Division of Con | | | |
|--|---|--|--|
| SUBJECT: GLOBAL | TICO, LLC | | |
| | (Name of Limited | d Liability Company) | |
| The enclosed Articles of | Organization and fee(s) are so | ubmitted for filing. | |
| Please return all correspondent | ondence concerning this matte | r to the following: | |
| Luis A. A | | | |
| | (1 | Name of Person) | 70 S 05 |
| | | | 05 AUG 24 PH 2:58 TALLAHUE SEE, FLORIDA |
| 7632 Plantation Circ | | | - P |
| | () | Firm/Company) | |
| | | | 70 2 |
| | | | 53 |
| | | (Address) | DM DM |
| | | | |
| Unive | ersity Park, FL 34201 | | |
| | (City/ | State and Zip Code) | · |
| For further information of | concerning this matter, please | call: | |
| Luis A. Arce | | at (941) 914-5959 | |
| | of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| □ \$125.00 Filing Fee | ☐ \$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) |
| | STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section | | |

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 OF GLOBALTICO, LLC A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to, execute and file these Articles, hereby certifies that:

ARTICLE I Name

The name of the Limited Liability Company is: Globaltico, 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

7632 Plantation Circle University Park, FL 34201

7632 Plantation Circle University Park, FL 34201

ARTICLE III Initial Registered Agent and Initial Registered Office

The name of the initial Registered Agent is:

Luis A. Arce

The Florida street address of the initial registered office of this Limited Liability Company is:

7632 Plantation Circle University Park, FL 34201

Having been named as registered agent and to accept service of process for the above state 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 statures 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 provider for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV Duration

This Limited Liability Company shall exist in perpetuity or until dissolved in manner provided by law or as provided in the regulations adopted by the members.

ARTICLE V 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

Luis A. Arce
7632 Plantation Circle
University Park, FL 34201

MGRM

Heather J. Pointer
7681 Plantation Circle
University Park, FL 34201

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 23rd day of August, 2005

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Luis A. Arce
Typed or printed name of signee