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(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GLOBAL E Selections, 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:		
Jeffrey Fallon Sr. (Name of Person)		
(Firm/Company)		
36 Deer Lake Dr.		
Ponte Vedra Beach, FL 32082		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Infrey Fallon, fr at 904 735-0005 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	iny is:
GLOBAL E. Selectr (Must end with the words "Limited Liability Company,	ons LLC (MULT-MEMBER) "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
136 Doer Lake Dr.	SAME
136 Deer Lake Dr. Ponte Vedra Beach	
FL 32082	
	To the desired and the second and th
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Jefon	Name S
	Name
136 Deer La	reet address (P.O. Box <u>NOT</u> acceptable)
Florida st	reet address (P.O. Box NOT acceptable)
FONTE Vedra Be	State, and Zip
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of a lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

FFECTIVE DATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Co-MGR	Jeffrey M. Fallon Sr 136 Deer Lake Dr. Ponte Vedra Beach, Pc 32082
Co-MGR	James R. Clements 2005 Chassella Way Rancho Cordova, CA 95670
MGRM	Judy Clements 2665 Chanalla UDX Rancho Condova, CA 95670
MGRM	MARIA FALLON 136 Deer Lake Dr Ponte Vedra Beach FL 32082
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: April 1, 200 (OPHONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)