## \_060000091653

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only

AUTHORIZATION BY PHONE TO

CORRECT eff date to be 09/1

DATE 09/19/06 @ 1:48 PM



200079878842

09/18/06--01042--014 \*\*125.00

effective date

SECRETARY OF STATE SECRETARY OF CORPORATIONS

J. BEN'N SEL , 9 5000

J. BRYAN SEP 2.0 2006

## **COVER LETTER**

Division of Cor				
SUBJECT:	GLOBAL NE	ETWORK, LLC		
Scareci.	(Name of Limite	d Liability Company)		<del></del>
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
		dra Esaulenko		
	(	Name of Person)		
	Glob	al Network,L	LC	
	(	Firm/Company)		0
	156 Cl	ub Villas Lane		06 SEP 18 AM 9: 54
		(Address)		<del>-</del>
	Kissimn	nee, FL 34744		æ <b>≅</b>
<del></del>	(City	/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	بي
For further information of	concerning this matter, please	call:		2
Alexandra Esaule	anko	407 573	D_4728	4
****	of Person)	at (	2-4728 ytime Telephone Number)	
Enclosed is a check for	r the following amount:			
<b>✓</b> \$125.00 Filing Fee	\$130.00 Filing Fee &	☐ \$155.00 Filing F	ee & [] \$160.00 Fil	ing Fee,
Check #139	Certificate of Status	Certified Copy (additional copy is enclo	Certificate of S	Status & y
	Mailing Address	Street/Courier	Address	
	Registration Section Division of Corporations	Registration Sec Division of Cor	tion	
	P.O. Box 6327	Clifton Building	•	
	Tallahassee, FL 32314	2661 Executive	Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Cor	mpany is:	
GŁOBAI	L NETWORK, LLC	
The state of the s	pany, "Limited Company" or their abbreviation "LLC	," or "L.C.,")
ARTICLE II - Address:		므
	s of the principal office of the Limited Li	iability Comban
<b>5</b>		SEP
Principal Office Address:	<b>Mailing Address:</b>	- OF CRAFF
156 Club Villas Lane	156 Club Villas Lane	ORPE
Kissimmee, FL 34744	Kissimmee, FL 34744	- 4 9 PR
		5, P
business entity with an active Florida registration.  The name and the Florida street address		EFFECTIVE DATE
	Name	, ,
150	6 Club Villas Lane	
Florid	la street address (P.O. Box NOT acceptable)	
	Kissimmee FL 34744	
	City, State, and Zip	
liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co	nt and to accept service of process for the gnated in this certificate, I hereby accept to is capacity. I further agree to comply with omplete performance of my duties, and I alon as registered agent as provided for in (	he appointment as h the provisions of all m familiar with and
_Redonda	a Esculento	

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Manager Alexandra EsautenKo 156 Club VIIIas Ln Kiss, FL 34
<del></del>	09/11/06
(Use attachment if necessary)  LE V: Effective date, if other than t	09/11/06 he date of filing: 09.022006
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	he date of filing: 09.022006 . (OPTION to be specific and cannot be more than five business dates
LE V: Effective date, if other than t	he date of filing: 09.07.2008  t be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men (In accordance with of this document co	the date of filing: 09.022006  the specific and cannot be more than five business date of an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)