## L07000022390

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SECRETARY OF STATE

N. Gulligten FEB 2 8 2007

## **COVER LETTER**

	Division of Corporations				
SUBJECT:	Beyond (	Global, LLC			
	(Name of Limite	d Liability Company)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Leslie Arg	genal				
	(	Name of Person)			
		T:/ō			
	·	Firm/Company)			
5320 NV	V 11th Street, No				
		(Address)			
Plantatio	n, FL 33313				
	(City	/State and Zip Code)			
For further information	concerning this matter, please	call:			
Leslie Argenal		at (954 ) 321-63	77		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)		
Enclosed is a check for	or 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)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beyond Glo Must end with the words "Limited Liability Company, "Lin	
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5320 NW 11th Street, No. 108	5320 NW 11th Street, No. 108
Plantation, FL 33313	Plantation, FL 33313
business entity with an active Florida registration.)  The name and the Florida street address of the  Leslie Argenal  Nar	FEB CAHA
5320 NW 11th Street	
	address (P.O. Box NOT acceptable)
Plantation	FI. 33313
	e, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and poistered agent as provided for in Chapter 608. F.S.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma		Name and Address:		
MGRM	<u> </u>	Leslie Argenal 5320 NW 11th Street, No. 108 Plantation, FL 33313		
	· ·			
(Use attachment	if necessary)			
ARTICLE V: Effective If an effective date is li o or 90 days after the d	sted, the date must be sp	te of filing: ( pecific and cannot be more than five bu	OPTION/ isiness da	AL) ys prior
REQUIRED SI	GNATURE:			
	Hu	she Orjenal	SECR	7 7 7
	Signature of a member of	r an authorized representative of a member. in 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury	ELARY OF A	FILED
	Typed	Leslie Argenal or printed name of signee	LORBO	6 և ։ Լ
Filing Fee	<u>3:</u>		-	

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

\$125.00 Filing Fee for Articles of Organization and Designation

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