L07000118041

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100110488311

10/17/07--01043--013 **160.00

07 NOV 27 AM 10: 10

חל שמעול איני ביני עומע מיני

107-5174H

COVER LETTER

	istration Section ision of Corporatio	ons			
SUBJECT:	GLOBAL	INTEGRATE	Δ SISTEMS ted Liability Company	LLC	
SCENECT.		(Name of Limi	ted Liability Company	<i>y</i>)	
The enclosed	Articles of Organia	vation and fee(s) are	submitted for filing.		
	_		tter to the following:		
	_	•	(Name of Person)		
			(Name of Person)		
	GLOBAL	INTEG RATE	STEMS (Firm/Company)	LLC	
			(Firm/Company)		
	360	NORMANE	(Address)		
	-		(Address)		
	NOIALA	NTIC, FL	32903 ty/State and Zip Code)	3	
		(Ci	ty/State and Zip Code)		
For further in	nformation concerni	ng this matter, pleas	se call:		
CAROL	CARPLATE	P.	at (_ 32) (Area Code &	195-	2005
	(Name of Person	1)	(Area Code &	Daytime Tele	phone Number)
Enclosed is	a check for the fo	llowing amount:			
\$125.00 Fi		0.00 Filing Fee & ificate of Status	\$155.00 Filing Certified Copy (additional copy is		\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. I	ng Address tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Division of Clifton Buil	Corporations Iding Itive Center C	

November 22, 2007 Carol E Carpenter 360 Normandy Drive Indialantic, FL 32903

Ms. Tammy Hampton Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Ms. Hampton,

Please find enclosed the updated filing originals and copies to follow-up on our conversation on Monday. Please call if there are any questions.

Thank you very much for your help in getting the paperwork processed!

Sincerely,

Carol Carpenter

 $\frac{\partial u_{i}}{\partial x_{i}} = \frac{\partial u_{i}}{\partial x_{i}} + \frac{\partial u_{i}}{\partial x_{i}}$

(C)

[7]



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2007

CAROL ELLEN CARPLNTER 360 NORMANDY DR INDIALANTIC, FL 32903

SUBJECT: GLOBAL INTEGRATED SYSTMES, LLC

Ref. Number: W07000051744

We have received your document for GLOBAL INTEGRATED SYSTMES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P02000096962 9GLOBAL INTEGRATED SYSTEMS, INC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 507A00061426

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

G	DYS LOBAL LATEG	TENS INTEGRATION, LLC	
(Mu	ist end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	dress:		
The mailing address	ss and street address o	of the principal office of the Limited Liability Company is	3:
Principal Office A	ddress:	Mailing Address:	
360 NORMA	INDY DRIVE	SAN E	
INDIALANTIC	INDY DRIVE 32903		
		gistered Office, & Registered Agent's Signature:	
(The Limited Liability Co business entity with an a	ompany cannot serve as its cactive Florida registration.) Florida street address	of the registered agent are:	
(The Limited Liability Co business entity with an a	ompany cannot serve as its cactive Florida registration.) Florida street address	wn Registered Agent. You must designate an individual or another	
(The Limited Liability Co business entity with an a	ompany cannot serve as its cactive Florida registration.) Florida street address	of the registered agent are:	
(The Limited Liability Co business entity with an a	Sompany cannot serve as its cactive Florida registration.) Florida street address AROL Florida:	of the registered agent are: ELLEN CARPLNTLR Name ORMANOY DRIVE street address (P.O. Box NOT acceptable)	
(The Limited Liability Co business entity with an a	Sompany cannot serve as its cactive Florida registration.) Florida street address AROL Florida:	own Registered Agent. You must designate an individual or another of the registered agent are: ELLEN CARPLN TLR Name	

all accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGR	CAROL E. CARPENTER 360 NORMANDY DR INDIALANTIC, FL 3290
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must left days after the date of filing.)	e date of filing: (OPTIONAl be specific and cannot be more than five business days

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.)

ELLEN ('ARPLU
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)