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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF ALLIE OF DIVISION FOR MILE AND ALL SECRETARY OF ALL SECRETARY

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COVER LETTER

| TO: | Registration S Division of Co | | | | | | |
|-----------------|----------------------------------|---|--------------|---------------------------------------|---|----------------|--|
| SUBJI | CT. GLO | BAL SERVICES, L | .LC | | | | |
| SOBJI | <u></u> | (Name of Limit | | ty Compa | any) | | |
| The en | closed Articles o | f Organization and fee(s) are | submitted | l for filing | 2. | | |
| | | oondence concerning this mat | | _ | | | |
| | · | PHER ENNIS | | 8 | | | |
| | CHRISTO | FREK EININIS | (Name of | Person) | | | |
| | GI OBAI | SERVICES, LLC | | | | | |
| | | | (Firm/Cor | npany) | | | |
| | 4801 MAG | SNOLIA AVENUE | | | | | |
| | | | (Addre | :88) | | | |
| | YOUNGS | TOWN, FLORIDA | 3246 | 3 | | | |
| | | (Cit | ty/State and | l Zip Code | :) | | |
| For fur | ther information | concerning this matter, pleas | e call: | | | | |
| CHF | RISTOPHE | R ENNIS | at (8 | 50 . | 624-1 | 835 | |
| | (Namo | of Person) | | Area Code | e & Daytime | Telep | hone Number) |
| Enclos | sed is a check for | or the following amount: | | | | | |
| □\$125 . | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Cert | .00 Filing ified Copytional copy | | | \$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 | | Registration of Clifton B 2661 Exe | ourier Addr on Section of Corporat uilding ecutive Cent see, FL 3230 | ions ter Ci | rcle |

New name: Global Development Services, L.L.C.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL SERVICES, LLC GLOBAL DEVELOPMENT Services (Must end with the words "Limited Liability Company, "L.L.C." or "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: | |
|---------------------------|--|----|
| 4801 MAGNOLIA AVENUE | 4801 MAGNOLIA AVENUE | |
| YOUNGSTOWN, FLORIDA 32466 | YOUNGSTOWN, FLORIDA 32466 | _ |
| | • | |
| | Name | 三 |
| 4801 MAGNOL | LIA AVENUE | ** |
| Florida | street address (P.O. Box NOT acceptable) | 36 |
| YOUNGSTOW | N _{FL} 32466 | |
| Cit | v. State, and Zin | |

Having been named as registered agent and to accept service of process for the above stated 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 statutes 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 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:

| /IGR | CHRISTOPHER ENNIS | | | | |
|-------------------------------|---------------------------|--|--|--|--|
| | 4801 MAGNOLIA AVENUE | | | | |
| | YOUNGSTOWN, FLORIDA 32466 | | | | |
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| (Use attachment if necessary) | | | | | |
| (Ose attachment if necessary) | | | | | |

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.)

CHRISTOPHER ENNIS

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)