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(Re	equestor's Name)	
(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



500163715985

12/23/09--01022--015 **130.00

Effective Date 01/01/2010

T. HAMPTON

JAN -5 2010

EXAMINER

COVER LETTER

то:	Registration Division of C		
SUBJI	ECT:	Global	Charity Network LLC
		Name of Limit	ed Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	ter to the following:
		R	yan D. James
			Name of Person
			Firm/Company
		1816	Winn Arthur Dr.
			Address
			alrico, FL 33594 ty/State and Zip Code
			•
		E-mail address: (to be used	ames@hotmail.com for future annual report notification)
For fu	rther information	concerning this matter, pleas	e call:
		an James	at (813) 919-6713
	Name	e of Person	Area Code & Daytime Telephone Number
Enclo	sed is a check t	for the following amount:	
] \$125	.00 Fiting Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



RECEIVED

09 DEC 31 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 24, 2009

RYAN D JAMES 1816 WUNN ARTHUR DR VALRICO, FL 33594

SUBJECT: GLOBAL CHARITY NETWORK LLC

Ref. Number: W09000055677

We have received your document for GLOBAL CHARITY NETWORK LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 909A00039128

Effective Date 61 01 2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	me: imited Liability Company is	:
	• • •	
	Global Charity N	etwork LLC
(M		ility Company," "L.L.C.," or "L.L.C.")
ARTICLE II - Ad	ddress:	
The mailing addre	ss and street address of the p	rincipal office of the Limited Liability Company is
Principal Office A	Address:	Mailing Address:
1916 Winn Arthu	ır Dr. Valrico. FL 33594	1816 Winn Arthur Dr. Valrico, FL 335%
1010 WILLIAM	II DI. VAIIICO, I E 35394	TOTO WHITE ALLIGN DE SOO
	II DI. VAIIICO, I L 33334	
ARTICLE III - R (The Limited Liability C	Registered Agent, Registere	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registere	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registere Company cannot serve as its own Regi active Florida registration.) Florida street address of the	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registere Company cannot serve as its own Regi active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: James
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registere Company cannot serve as its own Regi active Florida registration.) Florida street address of the Ryan D.	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: James
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registere Company cannot serve as its own Regi active Florida registration.) Florida street address of the Ryan D. Name	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: James Arthur Dr.
ARTICLE III - R (The Limited Liability C business entity with an	Registered Agent, Registere Company cannot serve as its own Regi active Florida registration.) Florida street address of the Ryan D. Name	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: James Arthur Dr.

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)

On DEC 31 Miles 45

THE CORPORATIONS

Page 1 of 2

i <u>tle:</u> //GR" = Manager //GRM" = Managing Member	Name and Address:
MGRM	Ryan James
	1816 Winn Arthur Dr.
	Valrico, FL 33594
se attachment if necessary)	
EV: Effective date, if other than th	e date of filing: 01/01/2010 (OPTIO
	be specific and cannot be more than five business
EOUIRED SIGNATURE:	

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)

Ryan James Typed or printed name of signee