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	☐ WAIT	MAIL
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SECRETARY OF STATE

TALLAHASSEE, FLORID.

D. BRUCE

SEP 28 2010

**EXAMINER** 

COVER LETTER TÒ: **Registration Section Division of Corporations** SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: 1 Firm/Company City/State and Zip Code mail address: (to be used for future annual report notification) For further information concerning this matter, please call: lame of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
The name of the Limited Liability Company is:  Clobal Megatiends 1/2 LC!
(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:
2468SE Garden Terr. SAME
PSL, FI. 27732
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or give ther business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  A HARRY ST TO SERVICE STATES AND SERVI
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)
(0011111011)

Page 1 of 2

The name and address of	of each Manager or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing !  MGL	Member  CATHY DOPSOVIC  JULES SE Garden Terr.  Port St. Lucie, Fl. 34952
	_ 124
<del></del>	
- 180 di	
(Use attachment if nece	ssary)
ARTICLE V: Effective date, if	other than the date of filing: (OPTIONAL)
(If an effective date is listed, the to or 90 days after the date of f	e date must be specific and cannot be more than five business days prio
<u>REQUIRED</u> SIGNAT	URE:
	all Doslaic FE 5
Signat	ure of a member or an authorized representative of a member 2
(In acc of this	cordance with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjust
that th	facts stated herein are true.)
	Typed or printed name of signee
Filing Fees:	

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)