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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: <u>(DLOBAL SUS</u> Name of Limit	TAINABILITY LLC ted Liability Company
The enc	closed Articles of Organization and fee(s) are	submitted for filing.
Please r	return all correspondence concerning this mat	ter to the following:
-	Raymand Cha	Name of Person
	***************************************	Firm/Company
-	3826 POIK 5-	Apt. B
-	Holly wood, FL	3 3 02-1 ty/State and Zip Code
_	Imthere 03@ //v E-mail address: (to be used	for future annual report notification)
For furt	ther information concerning this matter, pleas	e call:
Ray	mond Parkerson Name of Person	at (954) 213 - 4851 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	Filing Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) 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:

<u>Global</u> Sustain (Must end with the words "Limited Liab	ability LLC pility Company, "LLC." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5826 POLK St Apt. B Flolly wood, FL., 33021	5826 POIK St. Apt. B Hully wood, FL. 33021
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeries entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Raymond Par	kerson Jr.
3826 POIK Florida street as	51, Ap1, B ddress (P.O. Box <u>NOT</u> acceptable)
-1011/weod City, S	J FL 3302.1 State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	ature (REQUIRED)
(CONTII	Sign of the sign o
Page 1 o	Fr.

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary) LEV: Effective date, if other than the	e date of filing: (OPTION)
LE V: Effective date, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONATE of specific and cannot be more than five business day **Devilence of a member of a member.**
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Constitutes an affirmation under a management of a member of a management of the constitutes and affirmation under the constitutes at third degree feloric constitutes.	Particular of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Constitutes an affirmation under a management of a member of a management of the constitutes and affirmation under the constitutes at third degree feloric constitutes.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Constitutes an affirmation under a management of a member of a management of the constitutes and affirmation under the constitutes at third degree feloric constitutes.	Prince Specific and cannot be more than five business day Prince of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State and as provided for in s.817.155, F.S.)