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Office Use Only



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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Glok	Dal Asset Name of Limit	Recovery Ged Liability Company	proup LLC.	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	•	
Please return all correspondent	ondence concerning this matt	ter to the following:		
J0	son Bry	Ant- Name of Person		
11111	3 51-00	Firm/Company		
7149	1 5+a++	Ford Shire 1		
Lak	eland, F	1 33809 y/State and Zip Code	 	
Jbry	iant a ibrai	ant Construct for future annual report notification	tion tous	
Jason I	Byant of Person The following amount:	e call: _at (863)640_ Area Code & Daytime Tele	NOV 22 PH 1: 30	and the state of
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Global	Asset Recov	em Group	LLC.
(Mus	et end with the words "Limited Liability	y Company, "L.L.C.," or "LL.C.")	
ARTICLE II - Add The mailing address	dress: s and street address of the pri	ncipal office of the Limite	d Liability Company is:
Principal Office Ac	ddress:	Mailing Address:	
4149 Sta	effordshire Dr.	4149 Staf	Fordshire Dr.
Lakeland	; FL 33809	lakeland,	<u>52</u> 33809
ARTICLE III - Re (The Limited Liability Conbusiness entity with an ac	gistered Agent, Registered mpany cannot serve as its own Registe tive Florida registration.)	Office, & Registered Agered Agent. You must designate an	individual or another and
The name and the F	lorida street address of the re Alice Bru	•	NOV 22
-	Name Name	on Warn	PH II
-	Florida street addr	ess (P.O. Box NOT acceptable	
-	City State	FL 33.813 e, and Zip	
	City, Stat	v, with with	

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

<u>Title:</u>	Name and Address		
"MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Jason Byant 4149 Stafford Shire Lakeland, FL 339	7 Dr 309	-
MGR	Heath Munas 1312 Hidden Crack Winter Haven, Fi	<u>C+.</u> 338	80
,			- - -
			• •
(Use attachment if necessary)		(
FICLE V: Effective date, if other than the dance of the filling of the date is listed, the date must be selected after the date of filing.)	nte of filing: specific and cannot be more than five b	(OPTIC ousiness	NAL) days pi 22
REQUIRED SIGNATURE:	D	THE STATE	PM 1: 3
(In accordance with section	or an authorized representative of a member on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury on are true.)	`t=,'`	bitamen .
JASON Type	BRVA V d or printed name of signee		

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)