

110000131200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

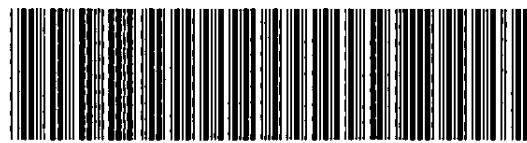
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000188931490

12/23/10-01011-019 **155.00

10 DEC 23 PM 2:04
LIBRARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. BRUCE
DEC 27 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glenn's Global Ventures, LLC
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:

Glenn F. Osterhout

Name of Person

Glenn's Global Ventures, LLC

Firm/Company

2024 Gray Birch Way

Address

Tallahassee, FL 32308

City/State and Zip Code

osterhout01@comcast.net

E-mail address: (to be used for future annual report notification)

10 DEC 23 PM 2:04
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Glenn F. Osterhout

Name of Person

at (850) 566-6891

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:

Glenn's Global Ventures, LLC

(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:

2024 Gray Birch Way

Tallahassee, FL 32308

Mailing Address:

2024 Gray Birch Way

Tallahassee, FL 32308

FILED

10/05/23 PM 2:04

FLORIDA
DEPARTMENT OF STATE
REGISTRATION
AND
LICENSE
DIVISION

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Glenn F. Osterhout

Name

2024 Gray Birch Way

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32308

City, State, and Zip

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Glenn F. Osterhout

2024 Gray Birch Way

Tallahassee, FL 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Glenn F. Osterhout

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.)

Glenn F. Osterhout

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)

10 DEC 23 PM 2:04
FLORIDA DIVISION OF STATE
AGENCIES
FILED
10 DEC 23 PM 2:04