111000004446

(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:
Gene CAVE
AUTHORIZATION BY PHONE TO CORRECT ALL IL
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01/10/11--01051--015 **125.00

FFFECTIVE DATE

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

	то:	Registration Secti Division of Corpo		·	
	SUBJ	RCT: GLW, LI	_C	•	
•	5000			ted Liability Company	
	The er	closed Articles of Or	ganization and fee(s) are	submitted for filing.	
	Please	return all correspond	ence concerning this ma	tter to the following:	
		Gene C. W	itherspoon		
				Name of Person	
•		GLW, LLC			
				Firm/Company	
		6545 SW 12	28 Street		
				Address	
		Miami, FL 33			
			С	ity/State and Zip Code	
			on@bellsouth.ne		
]	E-mail address: (to be used	for future annual report notificatio	n)
	For fu	rther information cond	erning this matter, plea	se call:	
	Gen	e C. Witherspo	on	at (305) 323-17	31
		Name of Pe	erson	Area Code & Daytime	Telephone Number
[7	_	,—,	e following amount:	\$155.00 Filing Fee &	\$160.00 Filing Fee,
, <u>IY</u>			Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
		F F	Aailing Address Legistration Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
GLW Consulting, LLC	2
(Must end with the words 'Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6545 SW 128 Street	6545 SW 128 Street
Miami, FL 33156	Miami, FL 33156
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Libby Witherspoon	egistered agent are:
Name	O CONTRACT
6545 SW 128 Stre	
Florida street addr	ress (P.O. Box NOT acceptable)
Miami, FL 33156	FL 5
City, Stat	te, 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Gene C. Witherspoon
	6545 SW 128 Street
	Miami, FL 33156
•	· ·
MGRM	Libby Witherspoon
	6545 SW 128 Street
	Miami, FL 33156
	1411di 111, 1 E 00100
	,
(11 1 C	,
(Use attachment if necessa	iry)
	lonuary A 2011
LE V: Effective date, if of	her than the date of filing: January 4, 2011 (OPTIONA
ffective date is listed, the d	ate must be specific and cannot be more than five business day
days after the date of filir	ig.)
	·
·	
REQUIRED SIGNATUR	₹ E:
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·	$\widehat{\mathcal{L}}$

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)

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)