L11000005988

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2011

ANDREW CALLOWAY

1201 NW 7TH COURT

BOYNTON BEACH, FL 33426

SUBJECT: CALLOWAY GLOBAL LLC

Ref. Number: W1100000556

We have received your document for CALLOWAY GLOBAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 611A00000358

COVER LETTER

TO:

Registration Section Division of Corporations

	SUBJECT: CALLOWAY GLOBAL		
	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:		
7	ANDREW CALLOWAY Name of Person		
	Firm/Company		
	1201 NW 7TH CT		
	Address	1	
	BOYNTON BEACH, FL, 33426	35 SEON	2011 July 13
	City/State and Zip Code CALLOWAYGROUP@COMCAST.NET E-mail address: (to be used for future annual report notification)	F SS 7	
	For further information concerning this matter, please call:	での	PH 1: 46
.;. .:	ANDREW CALLOWAY at (561) 2922456	The state of the s	<u>ئ</u>
: .	Name of Person Area Code & Daytime Telephone Number		
· · .	Enclosed is a check for the following amount:		
√	\$125.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Fil Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status opy	s &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CALLOWAY GLOBAL 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:	Mailing Address:
1201 NW 7TH CT	1201 NW 7TH CT
BOYNTON BEACH, FL, 33426	BOYNTON BEACH, FL, 33426
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or anothe
ANDREW CALLOWAY	· 里丁 河
Name	
1201 NW 7TH C	T :
Florida street ad	Idress (P.O. Box NOT acceptable)
	_{FL} 33426
City, S	tate, 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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	ANDREW CALLOWAY
	1201 NW 7TH CT
	BOYNTON BEACH, FL, 33426
•	
(Use attachment if necessary)	
ICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days prior
r 90 days after the date of filing.)	T
•	
DECLUDED CLCN ATUDE	
<u>REQUIRED</u> SIGNATURE:	7. 2
//	
Signature of a me	mber of an authorized representative of a member. 🐼 🐣 👚 😁
/	(00 400/2) FI 11 01 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
constitutes an affirmation i	ander the penalties of perjury that the facts stated herein are true.
l am aware that any false is	nformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
	Ht in a second s
ANDREW	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)