1110000029849

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SEURCIANT OF STATE ALLAHASSEE, FLORIDA

B. BOSTICK
MAR 1 0 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Ark Global LLC		
	ited Liability Company	
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Yasemin Bulkeley		
	Name of Person	
Ark Global LLC		
	Firm/Company	
619 Straw Lake Dr.		
	Address	
Brandon FL 33510		
	City/State and Zip Code	
info@arkglobal.biz	d for future annual report notification)	_
For further information concerning this matter, plea		40.00
Yasemin Bulkeley	at (864) 9342835	Carrier Carrier
Name of Person	Area Code & Daytime Telephone Number	T
Enclosed is a check for the following amount:	STATE LORIC	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

<u> </u>	(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II					
The mailing a	ddress and street address o	of the principal office of the Limited	Liability Company is:		
Principal Off	ice Address:	Mailing Address:			
619 Straw Lake Dr. Brandon FL 33510		619 Straw Lake Dr. Brando	619 Straw Lake Dr. Brandon FL 33510		
(The Limited Liab business entity w	ility Company cannot serve as its of ith an active Florida registration.)	gistered Office, & Registered Agent wn Registered Agent. You must designate an ind of the registered agent are:	dividual or another		
(The Limited Liab business entity w	ility Company cannot serve as its o ith an active Florida registration.) the Florida street address	wn Registered Agent. You must designate an ind of the registered agent are:	dividual or another		
(The Limited Liab business entity w	ility Company cannot serve as its o ith an active Florida registration.) the Florida street address	wn Registered Agent. You must designate an ind of the registered agent are: Name	dividual or another SECRE FAR - 9		
(The Limited Liab business entity w	ility Company cannot serve as its o ith an active Florida registration.) the Florida street address Yasemin Bulkele 619 Straw La	of the registered agent are: Name Ske Dr. Street address (P.O. Box NOT acceptable)	dividual or another SECRE FAR - 9		
(The Limited Liab business entity w	ility Company cannot serve as its of ith an active Florida registration.) the Florida street address Yasemin Bulkele 619 Straw La	of the registered agent are: Name Name	dividual or another SECRETARY OF		

Registered Agent's Signature (REQUIRED

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Yesemin Bulkeley 619 Straw Lake Dr.	
	Brandon FL 33510	
MGRM	Sacide Banu Schram	
	1708 Bondurant Way	
	Brandon, FL 33511	
110011	William W. Bulkeley III	Z _S
MGRM	619 Straw Lake Dr.	
	Brandon FL 33510	
	Navasi , 7 = 33310	COS
MGRM	Patrick Steven Schram	
	1708 Bondurant Way	
	Brandon, FL 33511	2: 5
(Use attachment if necessary)		17 IDA
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	e date of filing: be specific and cannot be more than	(OPTIONAL) five business days prior
REQUIRED SIGNATURE:	JJB.	
Signature of a mem	per of an authorized representative of a n	nember.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of ler the penalties of perjury that the facts state rmation submitted in a document to the Depny as provided for in s.817.155, F.S.)	ed herein are true.
Yasemin Bul		

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)

Typed or printed name of signee