LI1000038599

(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



800196829988

03/07/11--01060--010 **130.00

FILED

11 MAR 31 PH 12: 45
SECRETARY OF STATE

G. HARVEY

MAR 3 1 2011

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations	••	74. 3 9
SUBJECT:	Varhor 6/ Name of Limited L	obal iability Company	
The enclosed Article	es of Organization and fee(s) are subn	nitted for filing.	
Please return all corr	respondence concerning this matter to	the following:	
	Michael	Honab We	
	Warhon	6/06a/	
	7935 E Non	MBay Ville	aça Suite 1002
	Miami, FL City/Sta	33/4/ te and Zip Code	
	Mhonables E-mail address: (to be used for fu	ture annual report notification)	Com
For further informati	on concerning this matter, please call	l:	
Mich	all Honable at me of Person	(1305) 213 3 Area Code & Daytime Telepho	3.3 <i>[8</i> one Number
Enclosed is a checl	k for the following amount:		
\$125.00 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 Circ Tallahassee, FL 32301	cle



March 8, 2011

MICHAEL HONABLUE 7935 E. NORTH BAY VILLAGE, SUITE 1002 MIAMI, FL 33141

SUBJECT: WARHON GLOBAL Ref. Number: W11000013099

We have received your document for WARHON GLOBAL and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of the articles must be completed in order to process your filing.,

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 511A00005591

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECT TABLE
WARHON GIOBAL LLC, (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	FILED ANASPEE,
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	biling Gempany is:
Principal Office Address: Mailing Address:	-
7935 E. North Bay Villago, 11 Svile 1002	
1 Mar 1, F L 33171	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individ business entity with an active Florida registration.)	Signature: lual or another
The name and the Florida street address of the registered agent are:	
Michael Honablue	
7935 E. North Bay Village, Sui 7 Florida street address (P.O. Box NOT acceptable)	te 1002
Miami FL FL 33141 City, State, and Zip	
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with a statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Ch	e appointment as the provisions of all familiar with and
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MARM"	Michael Honable 7935 E North BAY Village Many FL 3314 (
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.
Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	er of an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.