

L11000047115

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
GLOCKE ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
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J. BRYAN

APR 21 2011

EXAMINER

4/20/2011 3:53 PM

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**Glocke Enterprises, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2071 NW 112th Avenue,  
Miami, FL, 33172.

**Mailing Address:**

2071 NW 112th Avenue,  
Miami, FL, 33172

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

**Anisabel Garcia**

2071 NW 112th Avenue  
Miami, FL 33172.

*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.*

**Anisabel Garcia**

x

  
Registered Agent's Signature

(CONTINUED)  
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**ARTICLE IV – Manager(s) or Managing Member(s):**

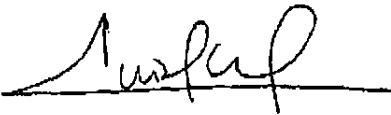
The name and address of each Manager or Managing Member is as follows:

**Title:**

MGRM

**Name and Address:**

ANISABEL GARCIA

2071 NW 112th Avenue  
Miami, FL 33172.FILED  
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SECRETARY OF STATE**REQUIRED SIGNATURE:**x 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.)

ANISABEL GARCIA

\_\_\_\_\_  
Typed or printed name of signee

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