L1100000077045

| (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



600209498916

07/01/11--01037--009 **160.00

11 JUL -1 AM 10: 39

T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| SUBJECT: Global Manufacturing Ir | ndustries LLC. |
| Name of Limited | l Liability Company |
| The analoged Articles of Organization and foo(s) are su | shmitted for filing |
| The enclosed Articles of Organization and fee(s) are su | |
| Please return all correspondence concerning this matte | r to the following: |
| Sam Mark | |
| ì | Name of Person |
| | |
| | Firm/Company |
| 7522 Wiles Road, B-211 | |
| | Address |
| Coral Springs, FL 33067 | |
| | State and Zip Code |
| smmk12375@gmail.com | |
| E-mail address: (to be used for | r future annual report notification) |
| For further information concerning this matter, please of | call: |
| Sam Mark | at (954) 324-7609 |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| | |
| \$125.00 Filing Fee \$\bigs\\$130.00 Filing Fee \& Certificate of Status | \$155.00 Filing Fee & \(\subseteq \)\$160.00 Filing Fee, Certified Copy Certificate of Status & |
| Continuate of Status | (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address | Street/Courier Address |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | CL | \mathbf{F} | Ι. | Na | me |
|---|----|----|--------------|----|-----|-------|
| ~ | | L | . ناله | | 170 | HILL: |

The name of the Limited Liability Company is:

Global Manufacturing Industries 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: |
|---------------------------|-------------------------|
| 7522 Wiles Road | 7522 Wiles Road |
| B-211 | B-211 |
| Coral Springs, FL 33067 | Coral Springs, FL 33067 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| Sam Mark | <u> </u> |
|---------------|--------------------------------------|
| N | Jame |
| 7522 Wiles Ro | ad, B-211 |
| Florida stre | et address (P.O. Box NOT acceptable) |
| Coral Springs | _{FL} 33067 |
| Ci | ty, State, 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)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

| "MGRM" = Managing Member | |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------|
| MGRM | Sam Mark |
| | 7522 Wiles Road, B-211 Coral Springs, FL 33067 |
| | |
| | |
| | |
| | |
| · | |
| | |
| | |
| | |
| | • |
| | |
| (Use attachment if necessary) | |
| LF V: Effective date if other than | the date of filing: (OPTIONA |
| DE 1. Encoure date, il omét man | st be specific and cannot be more than five business day |
| fective date is listed, the date mus | |
| fective date is listed, the date mus days after the date of filing.) | |
| fective date is listed, the date must days after the date of filing.) | |
| days after the date of filing.) | |
| fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | 0 9 1 |

Sam Mark

Typed or printed name of signee

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.)

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)

SECRETARY OF STATEONS
DIVISION OF CORPORATIONS
11 JUL -1 AM 10: 39