

L11000084958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

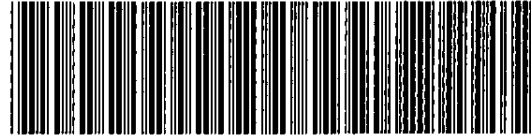
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD  
JUL 25 2011  
EXAMINER



500210233415

07/22/11--01030--002 \*\*125.00

FILED  
JUL 22 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COHEN & BOBOTAS**

Attorneys At Law  
Sabadell Financial Center  
1111 Brickell Avenue  
Suite 2920  
Miami, Florida 33131

Lewis R. Cohen  
Lisa Bobotas

Writer's Direct Tel. 305-371-8177  
Writer's Direct Fax. 305-358-0638

July 21, 2011

**Via U.S. Mail**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Re: Articles of Organization*

To whom it may concern:

Enclosed is the Articles of Organization and check #7650 in the amount of \$125.00 for the filing fee.

Please feel free to contact me should you need any further information.

Sincerely,

COHEN & BOBOTAS

*Zaida Alfaro*  
Zaida Alfaro

Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **FIRST GLOBE FINANCIAL LLC**  
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:

**LEWIS R. COHEN**

Name of Person

**COHEN & BOBOTAS**

Firm/Company

**1111 BRICKELL AVENUE, SUITE 2920**

Address

**MIAMI, FLORIDA 33131**

City/State and Zip Code

**lrcohen@cohenandbobotas.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**LEWIS R. COHEN** at ( **305** ) **371-8177**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**FIRST GLOBE FINANCIAL 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:

1111 BRICKELL AVENUE

SUITE 2920

MIAMI, FLORIDA 33131

#### Mailing Address:

1111 BRICKELL AVENUE

SUITE 2920

MIAMI, FLORIDA 33131

### 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:

LEWIS R. COHEN

Name

1111 BRICKELL AVENUE, SUITE 2920

Florida street address (P.O. Box **NOT** acceptable)

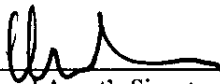
MIAMI,

FL 33131

City, State, and Zip

FILED  
11 JUL 22 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LESSANNE ROPER-BENNETTE

c/o Cohen & Bobotas, 1111 BRICKELL AVENUE, SUITE 2920

MIAMI, FLORIDA 33131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

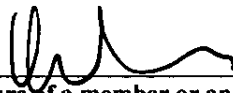
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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. 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.)

**LEWIS R. COHEN**

\_\_\_\_\_  
Typed or printed name of signer

**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)**