1120000555035

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	rtified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
		ļ

Office Use Only



700230638897

04/23/12--01032--006 **125.00

TOLZ APR 23 MULL: LI

T. CLINE

APR 24 2012

EXAMINER

COVER LETTER

TQ: Registration S Division of Co		·		A	
_{subject:} Globa	l Retail Group, LL	C			
	Name of Limit	ed Liability Comp	oany		
The enclosed Articles o	of Organization and fee(s) are	submitted for filin	ng.		
Please return all corresp	ondence concerning this mat	ter to the followin	g:		
Susan E	Sigrist				
		Name of Person	· • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	**************************************
		Firm/Company			
16210 Juj	piter Farms Rd	A 3.1			
		Address			
Jupiter, FL,		y/State and Zip Cod	lo.		
iLuveCoswa	ay@gmail.com	y/State and Zip Cod	ic		~ >
	E-mail address: (to be used to	or future annual rep	port notification)		-
For further information	concerning this matter, please	e call:		AHAS	6PR 23 MI
Susan E Sigrist		_at (561	743-3058	RY OF SEE.	***
Name	of Person	Area Cod	le & Daytime Telep	hone Number 7 S	
Enclosed is a check for	or the following amount:			TE	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop		\$160.00 Filing If Certificate of Sta Certified Copy (additional copy is e	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisior Clifton l	Courier Address tion Section of Corporations Building secutive Center C	ircle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Global Retail Group, 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:	
16210 Jupiter Farms Rd	16210 Jupiter Farms Rd	
Jupiter, FL, 33478	Jupiter, FL, 33478	

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:

Susan E Sigrist	SEC	(B) 2	
Name		APR	- T
16210 Jupiter Farms Rd	ETARY	R 23	editors for
Florida street address (P.O. Box <u>NOT</u> acceptable) Jupiter, FL, 33478 FL			
City, State, and Zip	RICA	_	

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 (REQUARED)

(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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGKM - Managing Member	
"MGR"	Susan E Sigrist
	16210 Jupiter Farms Rd
	Jupiter, FL, 33478
"MGRM"	Sandra Papke
	16210 Jupiter Farms Rd
	Jupiter, FL, 33478
"MGRM"	William Papke
	16210 Jupiter Farms Rd
	Jupiter, FL, 33478
	the state of the s
(Head the shower of the accessor)	
(Use attachment if necessary)	
CLE V: Effective date, if other the	an the date of filing. #/15/2012 (OPTION L)
effective date is listed, the date m	nust be specific and cannot be more than five business days prior
90 days after the date of filing.)	ASS
	SEE S
REQUIRED SIGNATURE:	
<u></u>	
16	isul quet
Signature of a r	member or an authorized representative of a member.
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution of this document
(in accordance with secti	to the state of th

(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.)

Susan E Sigrist

Typed or printed name of signee

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)