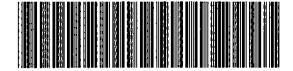
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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B. BOSTICK
MAY - 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
OV ID	_{ECT:} The Global Land Trus	t Company LLC	
SUBJ		ited Liability Company	
The	nclosed Articles of Organization and fee(s) are	a submitted for filing	
	-		
Pieas	e return all correspondence concerning this ma	inter to the following:	
	Carmine Coletta		
		Name of Person	
	Innovative Solutions		
		Firm/Company	
	5058 Glenville Dr.		
		Address	
	Boynton Beach FL. 33437	2 AF	
		ity/State and Zip Code	1
	cmcoletta@aol.com	المراجعة عاملا	
	E-mail address: (to be used	for future annual report notification)	1
For fu	orther information concerning this matter, please	se call:	
Car	mine Coletta	at (561) 414 4210	
	Name of Person	Area Code & Daytime Telephone Number	
Emala	and is a shoot for the following amount		
	osed is a check for the following amount:		
. [√] \$125.0	0 Filing Fee \$\bigs\\$130.00 Filing Fee &\bigs\\$Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &	
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
		(alamana cop, as another,	
	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

ART	ΓICL	E I	- Ns	me

The name of the Limited Liability Company is:

The Global Land Trust Company 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	<u>Address:</u>	
--	------------------	---------------	-----------------	--

Mailing Address:

5944 Coral Springs Dr. Ste 136

Coral Springs FL/ 33076

14545 J Military Trail #191 Delray Beach FL. 33484

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:

Carmine Coletta

Name

5058 Glenville Drive

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

Boynton Beach

_{ET} 33437

City, 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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.)

Typed or printed name of signes

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)