

12000084694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

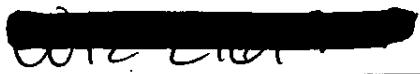
(Document Number)

Certified Copies _____ Certificates of Status _____

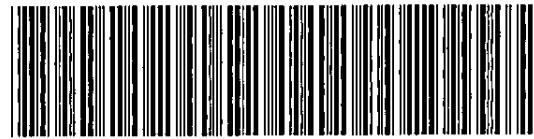
Special Instructions to Filing Officer:

JUN 27 2012

L. SELLERS



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 JUN 27 PM 12:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAR WARMING, ENVIRONMENTAL WASTE
Name of Limited Liability Company
METAL, CARBOARD SCIENTIST.
RECYLING, LLC.
The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLUWATOVIN

Name of Person

AKANMU

GLOBAR WARMING, ENVIRONMENTAL WASTE SCIENTIST.
Firm/Company

14093 95 NW 19 AVENUE

Address

OPA-LOCKA, FL 33054

City/State and Zip Code

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

For further information concerning this matter, please call:

OLUWATOVIN AKANMU

Name of Person

305 370-4722

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:

GLOBAR WARMING, ENVIRONMENTAL WASTE SCIENTIST
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
METAL, CARBOARD, RECYLING, LLC.

ARTICLE II - Address:

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

Principal Office Address:

14093/95 N.W 19 AVENUE
OPA-LOCKA CITY
FL 33054.

Mailing Address:

P. O. Box 541684.
OPA-LOCKA,
FL 33054-1684.

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:

Oluwatoyin Aikaymii
Name
14093/95 N.W 19 Avenue
Florida street address (P.O. Box NOT acceptable)
Opalocka FL 33054
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..

Horn 5/18/03
Registered Agent's Signature (REQUIRED)

Registered Office
(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

"MGR" = Manager

"MGRM" = Managing Member

OWNER/MGRM

Name and Address:

OLUWATOYIN AKANMU.
P.O. BOX 541684
OPA-LOCKA, FL 33054-1684
AJIBOLA EMAUNEL FALOMO.
L-521 FOSAN STREET.
IBESA, OSUN STATE, NIGERIA

AYODELE BOLARINWA.
NO 1 APENUGA STREET.
LAGOS, NIGERIA.

OLUBUNMI FABUSOLA
2390 SUPERIOR STREET
OPA-LOCKA, FL 33054.

(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:

Olumide Oluwatomiloye
Signature of a member or an authorized representative of a member.

06/15/2012

(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.)

Oluwatomiloye Akamnlu
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)

5 HENRY MACK — MGRM.

14093 N.W 19 AVENUE
OPA-LOCKA, FL 33054

6 OLUFUNKÉ SABINAL ATEWOGBOYE
MGRM.

MIRAMA, BROWARD
FLORIDA,

7 BUNION MACK — MGRM.

14093 N.W 19 AVENUE
OPA-LOCKA, FL 33054.