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D. BRUCE
JUL 13 2012
EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CCT: GLOBAL IMPACT SOLUTIONS, LLC		,	
SUBJE	Name of Limited Liability Company	<del></del>		
The en	closed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
•,	MARIE LAFLEUR TERNIER			
,	Name of Person			
	Firm/Company	- TSE	· <del></del>	
		CR	<u></u>	•
-	1551 NE 160TH STREET	HAS		וידי
	Address	RY (	<b>∨</b>	FILED
١	NORTH MIAMI BEACH, FL 33162	OF:S	Æ	O
'.	City/State and Zip Code	- 25	وب	
(	global_impactusa@yahoo.com	55		
-2	E-mail address: (to be used for future annual report notification)		_	
For furt	ther information concerning this matter, please call:			
MAR	IE LAFLEUR TERNIER at 786 477-2779			
	Name of Person Area Code & Daytime Telephone Number			
Enclose	ed is a check for the following amount:			
\$125.00	Filing Fee \$\sqrt{\$130.00}\$ Filing Fee \$\text{ S155.00}\$ Filing Fee \$\text{ S160.00}\$ Filing Fee \$\text{ Certified Copy (additional copy is enclosed)} \text{ Certified Copy (additional copy is enclosed)}	Status & y	)	•
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	, ,		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# GLOBAL IMPACT SOLUTIONS, 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:** 

1551 NE 160TH STREET

NORTH MIAMI BEACH, FL 33162

1551 NE 160TH STREET NORTH MIAMI BEACH, FL 33162

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 an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent. You must designate an individual or an observe as its own Registered Agent.

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

MARIE LAFLEUR TERNIER

Name

**1551 NE 160TH STREET** 

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

NORTH MIAMI BEACH ET 33162

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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	JENNIFER DESROCHES	
WORW.	12118 SW 110TH STREET CIR S	
	MIAMI, FL 33186	
MGRM	MADIC LACLEUD TERMICO	٠.
ividrivi i	MARIE LAFLEUR TERNIER	
,	1551 NE 160TH STREET	
·	NORTH MIAMI BEACH, FL 33162	
•		
	. ,	
(Use attachment if necessary)		•
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days after the date of filing.)	SECRETARY TALLAHASSE	
days after the date of filing.)  REQUIRED SIGNATURE:	SECRETARY OF TALLAHASSEE, F	
days after the date of filing.)  REQUIRED SIGNATURE:	SECRETARY OF TALLAHASSEE, F	

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.)

# MARIE LAFLEUR TERNIER

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)