

L13000078605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

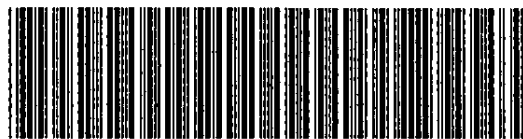
(Business Entity Name)

(Document Number)

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

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05/07/13--01012--003 \*\*155.00

Effective Date 6/1/13

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 29 PM 3:32

MAY 30 2013  
T. HAMPTON

507620 E111

(850) 245-6051.

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Global Disability Inclusion, 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:

Meg O'Connell  
Name of Person

Global Disability Inclusion, LLC  
Firm/Company

10 Versaggi Dr., Suite 201  
Address

St. Augustine, FL 32080  
City/State and Zip Code

info@globaldisabilityinclusion.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meg O'Connell at (704) 840-6174  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 MAY 29 AM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 8, 2013

MEG O'CONNELL  
10 VERSAGGI DR  
STE 201  
ST AUGUSTINE, FL 32080

SUBJECT: GLOBAL DISABILITY INCLUSION, LLC  
Ref. Number: W13000027268

We have received your document for GLOBAL DISABILITY INCLUSION, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 8, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 313A00011389

Effective Date 6/1/13

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Global Disability Inclusion, 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:

10 Versaag Dr., Suite 201  
St. Augustine, FL 32080

#### Mailing Address:

Same

### 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:

James Collie

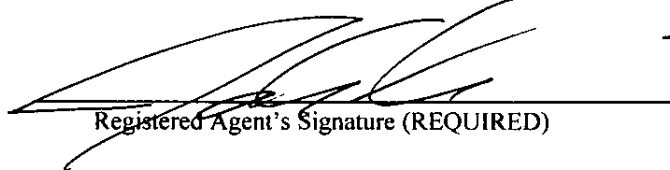
Name

10 Versaag Dr. Suite 100, St. Augustine  
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine 32080

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)

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13 MAY 29 PM 3:32

**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

Mea O'Connell  
10 Versar Dr. Suite 201  
St. Augustine,

MGR

Andy Traub  
21032 West 23rd Terrace  
Spring Hill, KS 66083

(Use attachment if necessary)

June 1, 2013  
May 23, 2013  
Feb 28, 2013

**ARTICLE V:** Effective date, if other than the date of filing: Feb 28, 2013 (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:**

Mea O'Connell  
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.)

Mea O'Connell  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 29 PM 3:32