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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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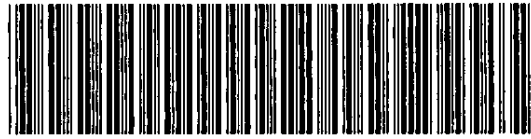
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J SHW 73 JUL 23 2013

Law Offices of

Paul Terrence O'Grady

Attorney at Law

208 Buxton Road

Falls Church, Virginia 22046

703/534-5744 (phone)

ogradypt@aol.com

Memorandum

TO: Registration Section
Division of Corporations

RE: New Global Initiatives, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all Correspondence concerning this matter to the following:

Paul Terrence O'Grady

Name of Person

Attorney at Law

Firm/Company

208 Buxton Rd.

Address

Falls Church, VA 22046

City/State and Zip Code

ogradypt@aol.com

Email address: (to be used for future annual report notification)

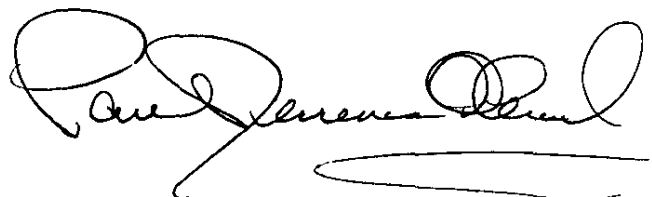
For further information concerning this matter, please call:

Paul Terrence O'Grady at (703) 534-5744

Name of Person Area Code and Telephone Number

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**ARTICLES OR ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is: **New Global Initiatives, LLC**

ARTICLE II – Address:

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

Principal Office Address:
579 N. Goodrich Dr.
Deltona, FL 32725

Mailing Address:
579 N. Goodrich Dr.
Deltona, FL 32725

ARTICLE III – Registered Agent, Registered Office, and Registered Agent’s Signature:

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

Patricia Benson
579 N. Goodrich Dr.
Deltona, FL 32725

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..

Patricia Benson
Registered Agent’s Signature

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

MGRM

Name and Address:

James Benson
579 N. Goodrich Dr.
Deltona, FL 32725

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REQUIRED SIGNATURE:

Paul Terrence O'Grady (authorized representative of
Signature of a member or authorized representative of a member. James Benson

(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 felon as provided for in s.817.155,F.S.)

Paul Terrence O'Grady
Typed or printed name of signee

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