

L13000140740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

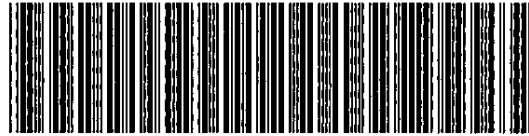
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700248493367

06/05/13--01032--009 **125.00

FILED

2013 OCT - 7 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT - 7 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GLOBAL FINANCIAL SERVICES L.L.C.**
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:

SAMUEL PLAISIR

Name of Person

Firm/Company

697 MANATEE BAY DRIVE

Address

BOYNTON BEACH, FL 33435

City/State and Zip Code

SAMUELPLAISIR@ROCKETMAIL.COM

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

For further information concerning this matter, please call:

SAMUEL PLAISIR

Name of Person

at (**754**) **366-7097**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

August 8, 2013

SAMUEL PLAISIR
697 MANATEE BAY DRIVE
BOYNTON BEACH, FL 33435

SUBJECT: GLOBAL TAX FINANCIAL MANAGEMENT L.L.C.
Ref. Number: W13000032958

We have received your document for GLOBAL TAX FINANCIAL MANAGEMENT L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received back in our office of 8/8/13. Also I am enclosing a new page (2) for you to complete and sign. Page (2) of the document you sent was for a conversion.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00014230

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL TAX FINANCIAL MANAGEMENT L.L.C

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

697 MANATEE BAY DR

BOYNTON BEACH, FL 33435

Mailing Address:

697 MANATEE BAY DRIVE

BOYNTON BEACH, FL 33435

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:

SAMUEL PLAISIR

Name

697 MANATEE BAY DR

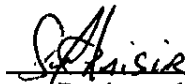
Florida street address (P.O. Box **NOT** acceptable)

BOYNTON BEACH, FL 33435

City, State, and Zip

FILED
2017 OCT - 7 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

"MGR" = Manager

"MGRM" = Managing Member

PRESIDENT

Name and Address:

SAMUEL PLAISIR
697 MANATEE BAY DR
BOYTON BEACH, FL 33435

(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.)

SAMUEL PLAISIR

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
2013 OCT -7 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA