## 113000153688

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800252913548

10/30/13--01006--025 \*\*160.00

EFFECTIVE DATE 01-10-14

2013 OCT 30 PM 4:58

B. BOSTICK OCT **3 1** 2013

**EXAMINER** 

(850) 245-6051.

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Globa	H ORGANIZED I	DON ENT. "LLC"	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
_	indence concerning this matt	<del>-</del>	
PATRIC	h Fennea		
<del></del>		Name of Person	
		DON ENT. "LLC Firm/Company	, # . ,
	J	Firm/Company	
5553	BARNSTRAD C	inele	
LAKE	World Fl 3	3463	
	Cit	y/State and Zip Code	
VATONDAAUTHOR VOLTOO - COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:			
For further information concerning this matter, please call:			
PATRICK FRN Name o	ng R	., 561 , 358.199	a de la companya de l
Name o	f Person	at (56) 358 · 199  Area Code & Daytime Telep	hone Number 58
Enclosed is a check for	the following amount:		Z 80
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)
	84 W A B B	gg	
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	irola
	1 41141143300, I L J2J14	4001 Executive Center C	IICIC

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
(Must end with the words "Limited Liabil	on Ent. "LLC." lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
5553 BARNSTON CIRCLE LAKE WORTH F1, 33463	5553 BARNSTEAD CIECK LAKE Whert, Fl 33763		
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:  PATRICK FENNEL  Name  SSSS BARNSTEAD Circle  Florida street address (P.O. Box NOT acceptable)  LAKE WOOTH, FL 33463  City, State, and Zip			
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S		
$\mathfrak{I}$			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

## 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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/10/2014 (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.)

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)