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AUG - 5 2014 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Global Health Educators, LLC Name of Lin	nited Liability Company	
	closed Articles of Organization and fee(s) at	_	
Please	return all correspondence concerning this m	atter to the following:	
	Stephen Loester	Name of Person	
	Gibson & Perkins, PC	Firm/Company	·
	100 W. Sixth Street, Suite 204	Address	
	Media, PA 19063	City/State and Zip Code	
_G	lobalhealtheducators@comcast.net E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase call:	
Eric J.	Name of Person at ()	267) 421-4502 Area Code Daytime Tel	ephone Number
Enclose	ed is a check for the following amount:		
☑ \$125.0	00 Filing Fee \$\Bigcup \$\sum \text{\$\sum \text{\$\sin \text{\$	□\$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 Adding Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

iability Company, "L.L.C.," or "LLC.")
ce of the Limited Liability Company is:
Mailing Address:
5600 Central Gardens Way Apt. 102
Palm Reach Gardens, Fl. 33418
Registered Agent's Signature: egistered Agent. You must designate an individual or)
gent are:
J. DEPPERT)
t. 102 NOT acceptable)
FL 33418
Zip
ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance eations of my position as registered agent as provided for in 605, F.S

Page 1 of 2

(CONTINUED)

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SECNE ANY OF STATE
SECNE ANY OF STATE

<u>Title:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Eric Deppert
	5600 Central Gardens Way, Apt, 102
	Palm Beach Gardens, Fi. 33418
V: Effective date, if other than the date stive date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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Use attachment if necessary) 2.V: Effective date, if other than the date ctive date is listed, the date must be sperfilling.) 2.VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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CV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	mber or an authorized representative of a member. 5.0203 (1) (b). Florida Statutes, the execution of this document
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