L14000146054

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
	į
t	Office Use Only



700264147827

09/15/14--01011--011 **130.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: investarGlobal, LLC Nan	ne of Limited Liability Company
The er	sclosed Articles of Organization and	fee(s) are submitted for filing.
Please	return all correspondence concerning	ng this matter to the following:
	Joseph Brown	Name of Person
		. ramo or a cross
		Firm/Company
	1843 N.E. 24th St.	
		Address
	Jensen Beach, FL 34957	City/State and Zip Code
in	vestarglobal.joe@gmail.com E-mail address: (t	o be used for future annual report notification)
For fur	ther information concerning this ma	tter, please call:
Josep	h Brown	at (772) 267-5849
	Name of Person	Area Code Daytime Telephone Number
Enclos	ed is a check for the following amou	ınt:
□ \$ 125.0	00 Filing Fee	
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations P.O. Box 6327	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ć

nvestarGlobal, LLC.	•		
(M	lust end with the words "Lin	mited Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Addres			
The mailing address and	I street address of the princip	pal office of the Limited Liability Company	y is:
rincipal Office Addre	<u> </u>	Mailing Address:	
1843 N.E. 24th St.		1843 N.E. 24 th St.	
		Jensen Beach, FL	
34957		34957	· · · · · · · · · · · · · · · · · · ·
The Limited Liability Conother business entity		ŕ	
The Limited Liability Conother business entity The name and the Florid	Company cannot serve as its with an active Florida regist da street address of the regis	own Registered Agent. You must designat tration.)	
The Limited Liability Conother business entity The name and the Florid	Company cannot serve as its with an active Florida regist a street address of the regist Joseph Brown	own Registered Agent. You must designat tration.)	
The Limited Liability Conother business entity The name and the Florid	Company cannot serve as its with an active Florida regist a street address of the regist Joseph Brown	own Registered Agent. You must designat tration.)	
The Limited Liability Conother business entity The name and the Florid	Company cannot serve as its with an active Florida regist a street address of the regist Joseph Brown	own Registered Agent. You must designat tration.) stered agent are:	2014 SEP 15 MM
The Limited Liability On other business entity he name and the Florid	Company cannot serve as its with an active Florida regist a street address of the regist Joseph Brown N 1843 N.E. 24th St.	own Registered Agent. You must designat tration.) stered agent are:	
The Limited Liability Conother business entity The name and the Florid	Company cannot serve as its with an active Florida regist la street address of the regist loseph Brown 1843 N.E. 24th St. Florida street address (P.O	own Registered Agent. You must designat tration.) stered agent are: Name D. Box NOT acceptable)	2014 SEP 15 MM

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Joseph Brown
	1843 N.E. 24th St.
	Jensen Beach, FL. 34957
AMBR	Jackie Brown
,	1843 N.E. 24th St.
	Jensen Beach, FL 34957
· · · · · ·	
	,
(Use attachment if necessary)	
EV: Effective date, if other than the	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	a mombe or an authorized representative of a member.
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	a mombe or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a mombe or an authorized representative of a member.
E V: Effective date, if other than the ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a mombe or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ctive date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Page 2 of 2