# L14000154877

(Re	questor's Name)	
(Ad	dress)	<del> </del>
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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9-20-14

OCT - 3 2014 **T. BROWN** 

# COVER LETTER $\psi$

SUBJECT:	ESTA	GLOBAL	REAL	ESTATE	INVEST	MENT
				ed Liability Com		
The enclosed	Articles of (	Organization and	fee(s) are	submitted for filir	ng.	
Please return	all correspor	ndence concernin	g this matt	er to the followin	g:	
	LENG	KAR	liu			
				Name of Person		
_	ESTA	GLOBAL	REAL	_ ESTATE	- INVE	STMENT
				Firm/Company		
	1600	6 GATN	DIAL.	Court		
<del></del>		6 GATN		Address		
	Tony	PA/FL	33	647		
<del></del>			City	/State and Zip Co	ode	
est	agloba	-mail address: (to	· wm			
	<i>O</i> E	-maii address: (to	be used i	or ruture annual r	eport notities	ation)
For further inf	ormation co	ncerning this mat	ter, please	call:		
LENG	LAR YI	U	at (_ &	13 ) 4	31769	lephone Number
	Name o	f Person		Area Code	Daytime Te	lephone Number
Enclosed is a	check for the	e following amou	nt;			
\$\$125.00 Filin	g Fee	\$130.00 Filing F Certificate of St	atus	□\$155.00 Filing Certified Copy additional copy i		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

TO:

**Registration Section** 

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

effective date 9-20-14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - The name of th	<b>Name:</b> e Limited Liabili	y Company is:		
ESTA	GLOBAL	REAL ESTAT	E INVESTMEN	T LLC 20 TO
	(Must end	with the words "Limited	Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - The mailing ad		Idress of the principal o	ffice of the Limited Liab	bility Company is:
Principal Office	ce Address:		Mailing Address:	
16006 G.	FL 3364	RT +7	1600 6 GA TAMPA, F	TWICK COUPT

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:

LENG KAR TIM	
Name	
16006 GATWICK	COURT
Florida street address (P.O. Box N	IOT acceptable)
TAMPA	FL 33647
City	Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

R" = Authorized Member " = Manager MBR  MGP	LENG KAR TIU  1600 6 GATWICK COURT  TAMPA FL 33647  LONG KAR TIU  1600 6 GATWICK COURT  TAMPA FL 33647
MBR	1600 6 GATWICK COURT TAMPA FL 33647 LONG KAR YIU 1600 6 GATWICK COURT
MGR	LONG KAR YIU 1600 6 GATONICK COURT
MGR	LONG KAR YIU 1600 6 GATONICK COURT
MGR	16006 GATWICK COURT
	TAMPA FL 33147
· · · · · · · · · · · · · · · · · · ·	
date is listed, the date must be specific and g.)  Other provisions, if any.	cannot be more than five business days prior to or 9
UIRED SIGNATURE:	
Signature of a member or a	an authorized representative of a member. (b), Florida Statutes, the execution of this document
Signature of a metabler or a (In accordance with section 05.0203 (I constitutes an affirmation under the pena	(b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true.
Signature of a member or a (In accordance with section 605.0203 (I constitutes an affirmation under the pena I am aware that any false information sul	(b), Florida Statutes, the execution of this document lties of perjury that the facts stated herein are true. omitted in a document to the Department of State
Signature of a member or a (In accordance with section 605.0203 (I constitutes an affirmation under the pena I am aware that any false information sul constitutes a third degree felony as provi	(b), Florida Statutes, the execution of this document lties of perjury that the facts stated herein are true. omitted in a document to the Department of State ded for in s.817.155, F.S.)
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