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(Re	equestor's Name)	
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B. BOSTICK FEB **1** 1 2015

EXAMINER

COVER LETTER

	istration Section Ision of Corporations	· .	s#
SUBJECT:	Kessler Global Marketing LLC Name of Lin	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this re	natter to the following:	
<u>(</u>	Charles Jeffry Kessler	N CD	
		Name of Person	
		Firm/Company	
	6234 Brava Way		201
		Address	(7)
<u>.</u> E	Boca Raton, FL 33433		
ioff kas		City/State and Zip Code	14 Y
TAILVES	E-mail address: (to be use	d for future annual report notifica	ation)
For further in	formation concerning this matter, ple	ase call:	•
Charles Jef	fry Kessler at (at (at (at (at (at (561) 405-6162 Area Code Daytime Tel	lephone Number
Enclosed is a	check for the following amount:	\	
] \$125.00 Filir	ng Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}	\$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	Street/Courier Adda Registration Section	ress

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Kessler Global Marketing LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6234 Brava Way Boca Raton, FL 33433	6234 Brava Way Boca Raton, FL 33433
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or
Charles Jeffry Kessler Name	Sos Jeffy Kem
6234 Brava Way	
Florida street address (P.O. Box N	OT acceptable)
Boca Raton	FL 33433
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi	tce 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 ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Mem	
MGR" = Manager	
MGR	Charles Jeffry Kessler
	6234 Brava Way
	Boca Raton, FL 33433
	· · · · · · · · · · · · · · · · · · ·
	
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V: Effective date, if other the date is listed, the date	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90
V: Effective date, if other the citive date is listed, the date filling.)	an the date of filing: (OPTIONAL)
tive date is listed, the date filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 re of a member of an athorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other the stive date is listed, the date of filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third described in the stirred of the stirred	an the date of filing:
V: Effective date, if other the stive date is listed, the date of filing.) VI: Other provisions, if any. SEQUIRED SIGNATURE: Signature (In accordance with constitutes an affirm I am aware that any constitutes a third deconstitutes a third deconstitutes and stirm I am aware that any constitutes a third deconstitutes a third deconstitutes as the stirm I am aware that any constitutes a third deconstitutes are stirmed to the stirmed state of the state of the stirmed state of the	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 re of a member of an athorized representative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document lation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State