

215000677568

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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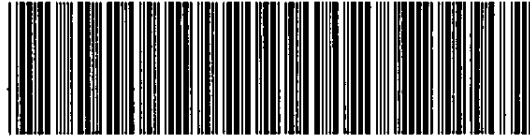
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR 20 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# Global Paradigm, LLC

7404 Gulf Way, Hudson, FL 34667

813.205.1576

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15 April 2015

TO: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Global Paradigm, LLC

The attached Articles of Organization are and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

James M. Williamson  
Global Paradigm, LLC  
7404 Gulf Way  
Hudson, FL 34667

For further information concerning this matter please contact:

Jamie Williamson    [jamiew18A@yahoo.com](mailto:jamiew18A@yahoo.com)    813.960.5075 office    813.205.1576 cell

Payment of \$130.00 is enclosed for filing and a certificate of status.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – NAME:**

The name of the Limited Liability Company is **GLOBAL PARADIGM, LLC**

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is the same:

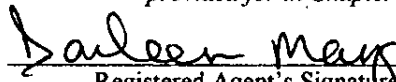
Global Paradigm, LLC  
7404 Gulf Way  
Hudson, FL 34667

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

And the Florida street address of the registered agent is:

Darleen A. May  
Global Executive Management, Inc.  
7404 Gulf Way  
Hudson, FL 34667

*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)

**ARTICLE IV – Management & Control:**

The name of each person authorized to manage and control the Limited Liability Company

**Title:**

**Name and Address:**

AMBR

James M. Williamson  
7404 Gulf Way  
Hudson, FL 34667

**ARTICLE V – Effective Date:**

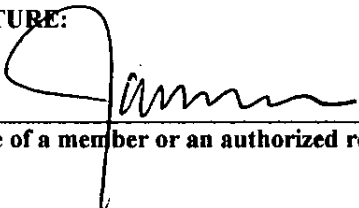
The effective date is the date of filing 15 April 2015.

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**ARTICLE VI – Other Provisions, if any.**

There are no other provisions.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), 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.)

James M. Williamson  
Typed or printed name of signee

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