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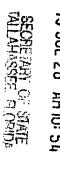
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

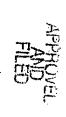
Office Use Only



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## **COVER LETTER**

	tegistration Section Division of Corporations
SUBJECT	GLOBAL INTERVENTORY USA LLC.
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	WILDER MORENO
	Name of Person
	GLOBAL INTERVENTORY USA LLC.
	Firm/Company
	15646 SW 40 ST
	Address
	MIRAMAR, FLORIDA 33027
	City/State and Zip Code WILMORA2004@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	WILDER MORENO 786 7121221 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 15 JUL 28 AM 10: 54

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ANI		- 14	ame.

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

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

<u>Ftiii</u>	cipal Office Address:		Mailing Address:	
15646 SW 40 ST		15646	SW 40 ST	
MIRAMAR, FL 33027		MIRAN	MIRAMAR, FL 33027	
	any cannot serve as its own an active Florida registratio		u must designate an individual o	
name and the Florida str	eet address of the registered	_		
e name and the Florida str	eet address of the registered WILDER MORENCE	)		
e name and the Florida str	_	_		
e name and the Florida str	_	)		
e name and the Florida str	WILDER MORENCE 15646 SW 40 ST	)	ptable)	
e name and the Florida str	WILDER MORENCE 15646 SW 40 ST	) Name	ptable) 33027	

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

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address:  WILDER MORENO  15646 SW 40 ST MIRAMAR, FL 33027
	15040 DW 40 DT MINU WERK, 115 5027
<del></del>	
<del></del>	
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of	of Glina: IIII V 1 2015 (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 days after
an effective date is listed, the date must be spe date of filing.)	ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be spe date of filing.) te: If the date inserted in this block does not m	ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be spe date of filing.) te: If the date inserted in this block does not me document's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records.
the effective date is listed, the date must be spedate of filing.)  te: If the date inserted in this block does not medocument's effective date on the Department of TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a med This document is executed I am aware that any false	ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)