L15000179420

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700278378337

10/23/15--01001--002 **160.00

2015 OCT 22 PM 3: 04



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: APPLAUDE GLOBAL LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michy Coschness-Robinson Name of Person
Firm/Company
7950 N.E.BAYShove CT # 2002
City/State and Zip Code Oules System Government address: (to be used for f. t. re annual report notification)
For further information concerning this matter, please call:
Mame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
APPLAUDE GLOBA	L LLC.
(Must end with the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	N
The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
2950 N.E. PAUShove Ct #2002	2403 lave AVES

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.)

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.,

egistered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

15 OCT 22 PM 4: 02

SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager TRESTORY	Name and Address: Nichel Jackway-Robins 7950/N.E. Bry Spore of #20	bos
		
		15 OCT 22
(Ulas simash sasas tit		-D
	ing: (OPTIONAL)	կ։ 03
TICLE V: Effective date, if other than the date of fil an effective date is listed, the date must be specific date of filing.)	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	F. C. days after
TICLE V: Effective date, if other than the date of fill an effective date is listed, the date must be specific date of filing.) te: If the date inserted in this block does not meet to document's effective date on the Department of Staticke Vi Scher provisions, if any.	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	F. C. days after
TICLE V: Effective date, if other than the date of filling effective date is listed, the date must be specific date of filling.) te: If the date inserted in this block does not meet to document's effective date on the Department of Statical Visions provisions, if any.	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not ate's records.	F. C. days after

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 36.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)