

115000204336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

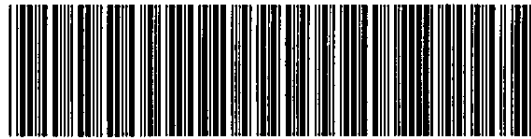
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EFFECTIVE DATE

1-4-16

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TALLAHASSEE, FLORIDA

15 DEC -3 PM 12:01

FILED

DEC 9 2015

S. GILBERT

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL BIOLINK 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:

SANDFORD DREXEL SMITH

Name of Person

GLOBAL BIOLINK LLC

Firm/Company

455 NE 5th AVENUE, SUITE D-374

Address

DELRAY BEACH, FLA 33483

City/State and Zip Code

sandy@globalbiolink.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDFORD DREXEL SMITH 617 953-0330
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

①



GLOBAL BIOLINK

455 NE 5th Avenue, Suite D
Delray Beach, FL 33483

Nov. 23, 2015

To: New Filing Section, Florida Dept. of State Division of Corporation

Enclosed please find the application for Global Biolink to be organized as a Florida LLC as of Jan. 4, 2016. Sandford Drexel Smith is the founder/chairman of Global Biolink and I am authorized as a registered agent.

A check for \$155.00 is enclosed for the filing fee and certified copy.

The mailing address for all correspondence is on this letterhead; the business is based in our home at 1125 Beach Drive, Delray Beach, FLA 33483. My cell is 617-281-4496 and Sandford Drexel Smith's cell is 617-953-0330.

Please let me know immediately if there are any questions.

Sincerely,



Ellen Cates-Smith

GLOBAL BIOLINK

CREATING VALUE AROUND THE GLOBE
ASIA PACIFIC | EUROPE | LATIN AMERICA

SANDFORD DREXEL SMITH

Chairman

(617) 953-0330
sandy@globalbiolink.com

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL BIOLINK LLC

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

FILED
15 DEC -3 PM 12:01
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1125 BEACH DRIVE
DELRAY BEACH, FLA 33483

Mailing Address:

455 NE 5th AVENUE
SUITE D-374
DELRAY BEACH, FLA 33483

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.)

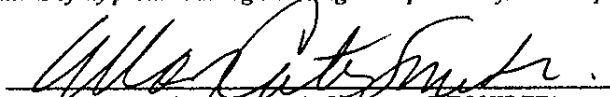
The name and the Florida street address of the registered agent are:

ELLAN CATES-SMITH
Name

1125 BEACH DRIVE
Florida street address (P.O. Box **NOT** acceptable)

<u>DELRAY BEACH</u>	<u>FLA</u>	<u>33483</u>
City	State	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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SANDFORD DREXEL SMITH
455 5th AVENUE, SUITE D-374
DELRAY BEACH, FLA 33483

AMBR

SANDFORD DREXEL SMITH
455 5th AVENUE, SUITE D-374
DELRAY BEACH FLA 33483

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN 4 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

SANDFORD DREXEL SMITH

Typed or printed name of signee

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)