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(((H160000796303)))



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Division of Corporations

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: (850)617-6381

From:

Account Name Account Number : 072450003255

: CORP USA

Phone Fax Number : (305)634-3694

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Enail Address:

FLORIDA LIMITED LIABILITY CO.

GLOBAL AGENCIES LLC

please tile on the day that was fax 3/30/110

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CORP USA

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04/01/5018 14:13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

April 1, 2016

SUBJECT: GLOBAL AGENICES LLC

REF: W16000024263

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Tim Burch Regulatory Specialist II FAX Aud. #: H16000079630 Letter Number: 516A00006708

P.O BOX 6327 - Tallahassee, Florida 32314



(4)

COVER LETTER

TO:	Registration Section Division of Corporations				
CUD1F6	GLOBAL AGENCIES LLC				
SUBJEC		Limited Liabili	y Company		
The encl	osed Articles of Organization and fee(s	are submitted	for filing.		
Please re	turn all correspondence concerning this	matter to the fo	ollowing:		
	STEVE JAIPERSAD				
		Name of	Person		
	GLOBAL AGENCIES LLC				
	Firm/Company				
	4224 FOX RUN COURT				
		Addre	SS		
	WESTON FL 33331				
	STEVEJAIPERSAD@GMAIL.CON	City/State and	Zip Code		
	E-mail address: (to be u	sed for future a	nnual report notification)		
For furthe	r information concerning this matter, pl	ease call:			
	STEVE JAIPERSAD at	787	607-7070		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed	l is a check for the following amount:				
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	D Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Talishassee, FL 32314	1 1 5	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, Pt. 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Lis	ability Company is:			
GLOBAL AGE				
(Must	end with the words "Limited	Liability Compa	my, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	oot address of the principal o	ffice of the Limit	ed Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
4224 FOX RUN WESTON, PL 3		<u>s</u>	AME	
The name and the Florida st	reet address of the registered	<u> </u>		
		Name		
	4224 FOX RUN CO		<u> </u>	
	Florida street address (P.O. Box NOT acceptable)			
	WESTON	FL	33331	
	City	State	Zip	
place designated in this certific further agree to comply with t	cate, I hereby accept the app he provisions of all statutes re	oiniment as regist clating to the proj	the above stated limited liability company a tered agent and agree to act in this capacity per and complete performance of my duties, nt as provided for in Chapter 605, F.S	
		Acres 0	7	
	Regist	ered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

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TO MED TO THE SKALLER

9696889908 81:41 9102/10/40

<u>Title:</u> "AMBI	R" = Authorized Member	Name and Address:
"MGR"	' ≔ Manager	*
MGR	•	MARIA JOSE BERNECHEA 4224 FOX RUN COURT
		WESTON FL 33331
N/A		<u>N/A</u>
. <u>N/A</u>		N/A
<u>N/A</u>		N/A
(Use att	tachment if necessary)	
ARTICLE V: E	ffective date, if other than the date	of filing: N/A (OPTIONAL)
(If on effective d: the date of filing.		scific and cannot be more than five business days prior to or 90 days after
	inserted in this block does not make the control of the description of the Department of the departmen	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
REOUI	RED SIGNATURE:	
		Men O.
	This document is execut I am aware that any false	the or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

STEVE JAIPERSAD 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)

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