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TALLAHASSEE FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	IIXII GLOBAL, LLC		
30000	· · · · · · · · · · · · · · · · · · ·	Limited Liabili	ty Company
The enc	closed Articles of Organization and fee(s) are submitted	for filing.
Please r	eturn all correspondence concerning this	s matter to the f	ollowing:
	VINCIANA BRYAN		
		Name of	Person
	B & B ENTERPRISING PROPER	TIES, LLC	
		Firm/Co	mpany
	290 NW PEACOCK BLVD STE	#: 880401	
		Addro	ess
	SAINT LUCIE WEST, FL 34988 -	0401	
	bnbprops@comcast.net	City/State and	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	er information concerning this matter, ple	ease call:	
	MS. BRYAN	772	873 4845
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	L—lCertific	0 Filing Fee & S160.00 Filing Fee, ced Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	IIXII GL	LOBAL, LLC				
(Must	end with the words "Limited Liab	bility Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stre	eet address of the principal office	of the Limited	Liability Company is:			
<u>Pri</u>	ncipal Office Address:		Mailing Address:			
290 NW PEACO	OCK BLVD	290 1	NW PEACOCK BLVD			
OTE - 000401		OTT	000401			
STE.: 880401			: 880401			
SAINT LUCIE TO ARTICLE III - Registered (The Limited Liability Comp		SAIN egistered Agen	IT LUCIE WEST, FL 34988 - 040			
SAINT LUCIE V ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Re	SAIN egistered Agen istered Agent. Y	T LUCIE WEST, FL 34988 - 040 t's Signature: You must designate an individual of		16/	Land-Septe
SAINT LUCIE V ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Repany cannot serve as its own Region an active Florida registration.)	SAIN egistered Agen istered Agent. Y	T LUCIE WEST, FL 34988 - 040 t's Signature: You must designate an individual of	or	6 APR	Linkson stagen Stagen Or conferences
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SAINT LUCIE V ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Repany cannot serve as its own Region an active Florida registration.) reet address of the registered agenth HARV BRYAN National Property Nation	egistered Agen istered Agent. You nt are:	T LUCIE WEST, FL 34988 - 040 t's Signature: 'ou must designate an individual o	or TALLAHASS	6 APR -8 PH Is	i ekzist i ekzist
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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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Mallagel	VINCIANA BRYAN
	290 NW PEACOCK BLVD #: 880401
	SAINT LUCIE WEST, FL 34988 - 0401
	<u>→</u>
	
	
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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Agallus LLC Name of Limited Liability Company
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:
FRANK G. Hubbard Name of Person
Name of Person
Firm/Company
1610 Bent Oak LANE
Address
Address Veno Beach, FL 32963 City/State and Zip Code F 9 hub & aol.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code <u>F9hub € aol.com</u>
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Hubbard at (772) 217 2144
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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:

AGNALLUS L.LC	
(Mast 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 Liabil	ity Company is:
Principal Office Address:	Mailing Address:
1610 Bent Oak Love 1610 Vero Beach, FL 32963 Vero	Bent Ook Love Beach EL 32963
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You manother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
FRONK G. Hubbald	
Name	SECOND P. CO.
1610 Bent Oak Love	
Florida street address (P.O. Box NOT acceptal	ole)
Vero Beach FL 32	2963
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)

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Tone 12 Paul
	- TOMS B. ROTAL
	171 CLARESON LANC
	Vero Beach, FL 32963
MGR	ha 11.1/1.1
MAK	FROM Co. HUBBARD
	Vero Beach FL 32963
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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)

ARTICLE IV-