## L16000015653

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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APR 1 4 2016 S. PRATHEK

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Alobal Med Solutions 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:
Jaylyn Victoria Name of Person
- Clobal Med Solutions LLC Firm/Company
250 NW 48th Avenue Address
Deckfield Beach, FC 33442  City/State and Zip Code
icvictoria 7 @ att. het
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylyn Victoria at (954) 650-6607  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ \$155.00 Filing Fee & \text{Certified Copy} &
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company	is:		
Global 1	Yed Solut	Fions, LLC	
(Must end with the wor	rds "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the	Limited Liability Company is:	
Principal Office Ac	ddress:	Mailing Add	ress:
250 1/11 4813	Avenue	75. NII 48th	Augus

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.)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

The name and the Florida street address of the registered agent are:  $\frac{J_{A}y/yN}{V_{I}C_{T}C_{T}A_{N}}$ Name  $\frac{250}{Florida} \frac{V_{I}C_{T}C_{T}A_{N}}{V_{I}C_{T}C_{T}A_{N}}$ Florida street address (P.O. Box NOT acceptable)  $\frac{\int_{CCC}f_{I}c/d}{\int_{C}f_{L}C_{T}A_{N}}$ 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

Registored Agent's Signature (REQUII

Page 1 of 2

(CONTINUED)

Title:	Name and Address:			
"AMBR" = Authorized Memb "MGR" = Manager AMBR	Jaylyn Victoria			
	Decrfield Beach, Fr. 37442			
<del></del>				
(Use attachment if necessary)				
CLE V: Effective date, if other than the date of filing: (OPTIONAL)				
effective date is listed, the date nate of filing.)	nust be specific and cannot be more than five business days prior to or 90 days aft			
If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed			
If the date inserted in this block ocument's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.			
If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.			
If the date inserted in this block ocument's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.			
If the date inserted in this block ocument's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.			
If the date inserted in this block ocument's effective date on the De CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	extent of State's records.			
If the date inserted in this block ocument's effective date on the December of	yly Victoria  Te of a member or an authorized representative of a member.			
If the date inserted in this block ocument's effective date on the December of	re of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b), Florida Statutes.			
If the date inserted in this block ocument's effective date on the December of	yly Victoria  re of a member or an authorized representative of a member.			
If the date inserted in this block ocument's effective date on the December of	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State			

Page 2 of 2

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 (Co. 1)

\$ 5.00 Certificate of Status (Optional)