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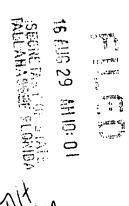
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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ARF GLOBALLIC
SUBJECT: AKT GLOSAL 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:
MARC ODROBINA  Name of Person
Name of Person
MTS INVESTMENTS Firm/Company
Firm/Company
1-970 1 your Train March 1 0 Bar 5 - = 370
6820 LYOUS TECHNOLOGY CIRCLE, SUITE 220 Address
COCOPUT (REEK, FL 33073  City/State and Zip Code  MARCO TITAN FUNDS. COM
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARC ODROBINA at ( 954 ) 363-7353
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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314  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:

ARF GLOBAL LLC			
(Must 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:		
CUCUNUT CREEK, FL 33073	Somo		
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.)	gnature: ust designate an individual or		
The name and the Florida street address of the registered agent are:			
Name  6820 L'ON TECH NOLUCY  Florida street address (P.O. Box NOT acceptate)	CORP		
Florida street address (P.O. Box NOT acceptal	CIRCLE SUITE 220	<b>)</b>	
COCOUNT CREEK FL 3.	3 <u>い3</u> Zip		
Having been named as registered agent and to accept service of process for the above place designated in this certificate, I hereby accept the appointment as registered agen further agree to comply with the provisions of all statutes relating to the proper and comparts among the among the properties of the provisions of the provision as registered agent as proving the province of	nt and agree to act in this capacity. I Complete performance of my duties, and		
Registered Agent's Signature (Ri	EQUIRED)		
(CONTINUED)			
Page I of 2	NATIONAL PART OF A STATE OF A STA	16 AUG 29 A	e Lancaria L
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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MTS INVESTMENTS CORP 6820 LYOUS TEXTHIOLOGY CIR SUITE O COCONUT CREEK FL 33073
AMBR	ALMIRANTA CARTAL LLC 99 HICHST, 20TH FLOUR C/D MURTHA CULLINA LLP BOSTON, MA 02110
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block does cument's effective date on the Department.	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 day  not meet the applicable statutory filing requirements, this date will not be nent of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block does cument's effective date on the Department of the Depart	not meet the applicable statutory filing requirements, this date will not be

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 16 AUG 29 AM ID: 01