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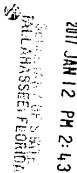
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

🕻 ТО:	Registration Section Division of Corporations				
SUBJE	GLB-RK Consulting LLC				
SOBJE		Name of Limited Liab	oility		
The enc	losed Articles of Organization a	nd fee(s) are submitt	ed for filing.		
Please r	eturn all correspondence concer	ning this matter to th	e following:		
	Gary L Butcher				
		Name	of		
	GLB-RK Consulting LLC				
	1070 Abbotsford Ct				
	Oviedo, Florida 32765-684				
	gbutcher.oviedo@gmail.com	City/State	and Zip		
			e annual report notifica	ation)	
For furthe	er information concerning this m	atter, please call:			
	Gary L Butcher	407 at (590-6579		
	_of Persi		- Daying Tel	N i	
Enclose	d is a check for the following an	nount:			
\$125.00	Filing Fee \$130.00 Filing Certificate of	f Status Cert	5.00 Filing Fee & iffed Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is	
	Mailing Address		Street Address		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 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 1 - Name:			FILI	EO .	
The name of the Limited Liab	ility Company is:		2017 JAN 12	PM 2: 43	
GLB-AK Consult	ing LLC		SAULTER	OF STATE	
(Must er	nd with the words "Lir	nited Liability Company,	"L.L.C. PAL LILLOYS SE	LE, PLUMIUM	
ARTICLE II - Address: The mailing address and stree	t address of the princip	pal office of the Limited	-		
Princ	cipal Office Address:		Mailing Addre	ess:	
1070 Abbotsford			Abbotsford Ct.		
Oviedo, Florida 32	27655-6847	Ovie	do, Florida 32765-6847		
The name and the Florida stre	Gary L Butcher				
	1070 Abbotsford Florida street ad	l Ct. dress (P.O. Box NOT ac	eeptable)		
	Oviedo	Florida	32765-6847		
		- 0			1444 - 14
Having been named as registere place designated in this certifica further agree to comply with the am familiar with and accept the	ite, I hereby accept the provisions of all statu obligations of my posi	appointment as registere tes relating to the proper ition as registered agent a egistered Agent's Signatu (CONTINUED)	d agent and agree to act i and complete performanc s provided for in Chapter	in this capacity. I se of my duties, and	
		Page Lof 2			

Title: "AMBR" = Authorized Member	Name and Address: 2017 JAN 12 PM 2: 43
"MGR" = Manager	SELECTION OF STATE Gary L. Butcher TALL AHASSEE: FLORIDA
Manager (MGR)	
	1070 Abbotsford Ct. Oviedo, Florida 32765
	Ovicuo, Florida 32703
(Use attachment if necessary)	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date	e of filing: 15 January 2017 (OPTIONAL)
FICLE V: Effective date, if other than the date an effective date is listed, the date must be sp	e of filing: 15 January 2017 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
FICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)	pecific and cannot be more than five business days prior to or 90 days after
FICLE V: Effective date, if other than the date in effective date is listed, the date must be splate of filing.) ie: If the date inserted in this block does not it.	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
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Filing Fees:

Typed or printed name of

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)