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FILED 17 JUN -2 AM 10: 37

## **COVER LETTER**

	New Filing Section Division of Corporations				
SUBJECT	MATTEI GLOBAL SOLUTIONS,	LLC			
SUBJEC	Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.			
Please ret	urn all correspondence concerning this	matter to the following:			
	JOHN MATTEI				
		Name of Person			
		Firm/Company			
	10188 ILLINOIS STREET				
		Address			
	BONITA SPRINGS, FL 34135				
	JACKM3005@GMAIL.COM	City/State and Zip Code			
	<u> </u>	ed for future annual report notification)			
For further	information concerning this matter, ple	ase call:			
	JOHN MATTEI	239 601-6593			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed	is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327	Street Address  New Filing Section  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 Lial	bility Company is:	
	AL SOLUTIONS, LLC	
(Must c	ontain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and stre	et address of the principal office of	the Limited Liability Company is:
Prin	cipal Office Address:	Mailing Address:
10188 ILLINOIS	STREET	10188 ILLINOIS STREET
BONITA SPRINGS, FL 34135		BONITA SPRINGS, FL 34135
(The Limited Liability Companother business entity with	Agent, Registered Office, & Registrary cannot serve as its own Regist an active Florida registration.)  eet address of the registered agent	ered Agent. You must designate an individual or
	JOHN MATTEI	
	JOHN MATTEI Name	
	<del></del>	
	Name	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	JOHN MATTEI 10188 ILLINOIS STREET BONITA SPRINGS, FL 34135	
<del></del>		
(Use attachment if necessary)		
If an effective date is listed, the date must be spo he date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Matha	
Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.	
JOHN MATTEI		

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

FILED

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of States (Copy)

5.00 Certificate of Status (Optional)

ARTICLE IV-