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(Req	uestor's Name)	
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COVER LETTER

2.111	ion of Corporations	
SUBJECT: _	Henson Global Solutions, LLC	;
_	Name of I	Limited Liability Company
The enclosed A	Articles of Organization and fee(s)	are submitted for filing.
Please return a	Il correspondence concerning this	matter to the following:
	Mallory L Whitley	
		Name of Person
_		Firm/Company
	1674 University PKWY Lot 4	09
		Address
	Sarasota, FL 34243	
	mallorywhitley14@yahoo.	City/State and Zip Code .com
	E-mail address: (to be us	sed for future annual report notification)
For further info	mation concerning this matter, ple	ease call:
	Mallory L Whitley at ((941)321-1828
	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	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Henson Global Solutions, LLC	
	(Must end with the words "Limited Liability (ompany, "L.L.C.," or "LLC.")
ARTICLE II The mailing a	- Address: ddress and street address of the principal office of the	Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	1674 University PKWY Lot 409	1674 University PKWY Lot 409
The Limited Inother busin	Sarasota, FL 34243 I - Registered Agent, Registered Office, & Registe Liability Company cannot serve as its own Registered ess entity with an active Florida registration.)	
(The Limited another busin	I - Registered Agent, Registered Office, & Registe Liability Company cannot serve as its own Registered ess entity with an active Florida registration.) the Florida street address of the registered agent are:	ed Agent's Signature:
(The Limited another busin	I - Registered Agent, Registered Office, & Registe Liability Company cannot serve as its own Registered ess entity with an active Florida registration.)	ed Agent's Signature:
(The Limited another busin	I - Registered Agent, Registered Office, & Registe Liability Company cannot serve as its own Registered ess entity with an active Florida registration.) the Florida street address of the registered agent are: Mallory L Whitley	ed Agent's Signature: Agent. You must designate an individual of
(The Limited another busin	I - Registered Agent, Registered Office, & Registe Liability Company cannot serve as its own Registered ess entity with an active Florida registration.) the Florida street address of the registered agent are: Mallory L Whitley Name	ed Agent's Signature: Agent. You must designate an individual o
(The Limited another busin	I - Registered Agent, Registered Office, & Registe Liability Company cannot serve as its own Registered ess entity with an active Florida registration.) the Florida street address of the registered agent are: Mallory L Whitley Name 1674 University PKW	ed Agent's Signature: Agent. You must designate an individual o

 $further \ agree \ to \ comply \ with \ the \ provisions \ of \ all \ statutes \ relating \ to \ the \ proper \ and \ complete \ performance \ of \ my \ duties, \ and \ l$ am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Mallory L Whitley 1674 University PKWY Lot 409 Sarasota, FL 34243 (Use attachment if necessary) upon filing ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Plorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mallory L Whitley

Typed or printed name of signee

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)

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