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J. FASON JUN 3 0 2017 47 JUN 29 A.B. 10: 35

COVER LETTER

	New Filing Section Division of Corporations
CHDIEC	GLS GLOBAL ENTERPRISES, LLC
SUBJECT	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please reti	urn all correspondence concerning this matter to the following:
	GARY L. SKELLY
	Name of Person
	Firm/Company
	210 TWIN LAKE CIRCLE
	Address
	LAKELAND, FL 33815
	City/State and Zip Code GLSKELLY34@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	GARY L. SKELLY 863 687-0232
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount: Filing Fee \$\int \frac{\text{\$130.00 Filing Fee & Certificate of Status}}{\text{Certified Copy (additional copy is enclosed)}} \int \frac{\text{\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)}}{\text{\$Certified Copy (additional copy is enclosed)}} \tag{\text{\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)}}
	Mailing Address New Filling Section New Filling Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GLS GLOBAL ENTERPRISES, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
FICLE II - Address:	Section Control of the Unit Comment
FICLE II - Address: mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address:</u>
mailing address and street address of the principal office	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

GARY L. SKELLY		
	Name	_
210 TWIN LAKE C	IRCLE	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
LAKELAND	FL	33815
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registery Agent's Signature (REQUITED)

(CONTINUED)

17 JUN 29 AMIG: 35

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 GARY L. SKELLY AMBR 210 TWIN LAKE CIRCLE LAKELAND, FL 33815 (Use attachment if necessary) 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, REQUIRED SIGNATURE: Signature of a mentber or an authorized representative of a member.

Filing Fees:

This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

GARY L. SKELLY