

L17000161507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

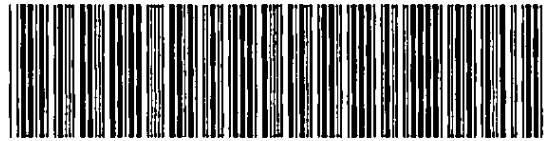
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800301754778

07/27/17--01011--018 **125.00

FILED
17 JUL 27 AM 11:09
CLERK OF COURT
TALLAHASSEE FLORIDA

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Miami 7/24/17

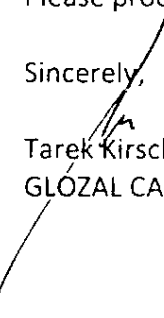
RE: P10000087212

To Whom It May Concern:

I have attached my new filing of GLOZAL, LLC and I used to own GLOZAL, INC. This is to inform you that I do not plan to reinstate GLOZAL, INC. and I would like to register GLOZAL, LLC as a new entity now. (see attached filing info and payment)

Please process the new LLC upon receipt.

Sincerely,


Tarek Kirschen
GLOZAL CAPITAL, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GLOZAL, 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:

Tarek Kirschen
Name of Person

GLOZAL CAPITAL LLC
Firm/Company

16850 Collins Ave #112
Address

Sunny Isles Beach, FL 33160
City/State and Zip Code

tk@glozal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tarek Kirschen 305 8909900
at ()
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 & 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
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
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:

GLOZAL, LLC

(Must contain 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 Liability Company is:

Principal Office Address:

16850 COLLINS AVE

STE 112

SUNNY ISLES BEACH FL. 33160

Mailing Address:

16850 COLLINS AVE

STE 112

SUNNY ISLES BEACH FL. 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TAREK KIRSCHEN

Name

16850 COLLINS AVE 122

Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES BEACH FL.

33160

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUL 27 AM 11:06
STATE OF FLORIDA
TALLAHASSEE FL. 00000

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Tarek Kirschen

16850 Collins Ave #112

Sunny Isles Beach FL 33160

(Use attachment if necessary)

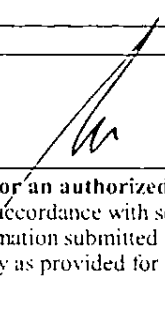
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 member or an authorized representative of a member.

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

TAREK KIRSCHEN

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)

17 JUL 27 AM 11:05
DEPT OF STATE
TALLAHASSEE FLORIDA