L1800/14070

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling)
Codification of Status
Certificates of Status
Special Instructions to Filing Officer:
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05/07/18--01023--023 **125.00

ECRETARY OF STAT

D O'KEEFE MAY 1 1 2018

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Melver Global Enterprises, LLC		
SUBJEC	T: Name of I	limited Liabilit	Company
The enclo	osed Articles of Organization and fee(s)	are submitted f	or filing.
Please ret	turn all correspondence concerning this	matter to the fo	llowing:
	John R McIver		
	,	Name of F	erson
		Firm/Con	npany
	4903 Triton Ct. W		
		Addre	SS
	Cape Coral; FL 33904		
	spike.mciver@gmail.com	City/State and	Zip Code
	E-mail address: (to be us	sed for future ar	mual report notification)
For further	information concerning this matter, ple	ase call:	
	John R Melver	817	798-6700
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
7 \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifie) Filing Fee & S160.00 Filing Fee, d Copy I copy is enclosed) 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 Tlifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
McIver Global Enterprises, 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:

ARTICLE I - Name:

Principal Office Address: Mailing Address:

Timetpat Office Augress.	Maning Address.
4903 Triton Ct. W	4903 Triton Ct. W
Cape Coral, F1, 33904	Cape Coral, FL 33904

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:

Name				
4903 Triton Ct. W				
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)		
Cape Coral	FL	33904		

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

B MAY -7 AM 9: 20 ECRETARY OF STATE IT ANASSEE FLORID

FILED

John R Melver

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$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)

18 MAY -7 AN 9: 26
SECRETARY OF STATE
TAIL AHASSEE, FLORID