

# L19000075254

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

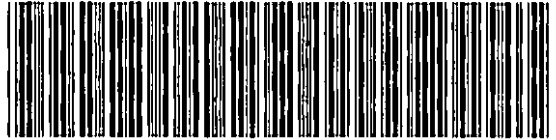
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAR 15 AM 9:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 25 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: GLOBAL HEALTH AMBASSADOR, 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:

DR. GODFREY SEARS  
Name of Person

INTERNATIONAL CENTER FOR MENTAL, NEUROLOGICAL, & CHRONIC DISORDERS  
Firm/Company

5401 S. KIRKMAN RD. SUITE 310  
Address

ORLANDO FL. 32819  
City/State and Zip Code

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

For further information concerning this matter, please call:

DR. GODFREY SEARS at ( 407 ) 692 0242  
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

FILED  
19 MAR 15 AM 9:54  
FBI - TAMPA  
COMMUNICATIONS SECTION  
TAMPA, FLORIDA

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

DIRECTION

DR. GONFREY SEALS  
5401 S. CIRCLEMAN RD. SUITE 310  
ORLANDO FL 32819

DR. GOODFREY SEARS

**\$ 5.00 Certificate of Status (Optional)**