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

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Re: Global Gypsy, LLC Articles of Organization

Dear New Filing Division:

Enclosed herewith please find a Cover Letter and Articles of Organization for Florida Limited Liability Company for Global Gypsy, LLC, for your review and filing along with a check for \$130 for filing fees and a certificate of status. Please see that the Articles are filed. If you have any questions please contact me at jjones@bhspa.com or 919-460-2920.

Sincerely, Bagwell_Holt Smith P.A. Jeffrey A. Jones

COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT: _____ Global Gypsy, 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:

Dan Yenner Name of Person Firm/Company 465 Paradise Isle Blvd., #308E Address Hallandale Beach, FL 33009 City/State and Zip Code dyenner@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dan Yenner 954 347-9898 at (Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$160.00 Filing Fee. \$130.00 Filing Fee & Certificate of Status \$125.00 Filing Fee \$155.00 Filing Fee & Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address Mailing Address New Filing Section New Filing Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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:

Global Gypsy, 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:

<u>465 Paradise Isle Blvd., #30</u>8E <u>Hallandale Beach, FL 33009</u>

Mailing Address:

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:

465 Paradise Isle Blvd., #308E

Hallandale Beach, FL 33009

 Dan Yenner

 Name

 465 Paradise Isle Blvd., #308E

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

 Hallandale Beach, FL 33009

 City
 State

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.

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Dan Yenner 465 Paradise Isle Blvd., #308F Hallandale Beach, FL 33009
AMBR	Linda M. Yenner 465 Paradise Isle Blvd., #308E Hallandale Beach, FL 33009

(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.)

<u>Note:</u> 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: Senner Wan

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.

> Dan Yenner 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)