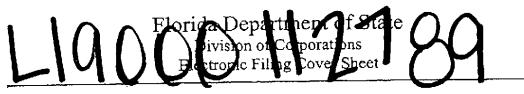
5/2/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000146402 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 : (305)444-4977 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

GLOBAL3AMERICA, LLC.

- 10 CC:	
Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

M SIMMONS

MAY 02 2019

Electronic Filing Menu

Corporate Filing Menu

Help

7 3

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

GLOBAL3AM (Mus	contain the words "Limited	Liability Company,	'LL.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and st	reet address of the principal of	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
6766 SW 103 CT		SAM	SAME	
MIAMI, FL 33	173			
RTICLE III - Registere	d Agent, Registered Office,	, & Registered Agen	t's Signature:	
The Limited Liability Con another, business entity wit	npany cannot serve as its owi h an active Florida registrati	n Registered Agent. : on.)	You must designate an individual or	
The name and the Florida s	rreet address of the registere	ed agent are:		
JUAN ANTONIO ALVAR			~~~	
	JUAN ANTUNIO A	·····	<u>UEZ </u>	
	JUAN ANTONIO A	Name	<u>UEZ</u>	
	6766 SW 103 CT	Name		
	6766 SW 103 CT	·····		
	6766 SW 103 CT	Name	cceptable)	
	6766 SW 103 CT Florida street addre	Name ss (P.O. Box NOT ac	cceptable)	
aving been named as regis:	6766 SW 103 CT Florida street addre MIAMI City	SS (P.O. Box NOT at FL State	cceptable) 33173 Zip above stated limited liability company at the	
lace designated in this certi	6766 SW 103 CT Florida street addre MIAMI City tered agent and to accept service to the service of the service	SS (P.O. Box NOT at FL State wice of process for the potentiment as registers	cceptable) 33173 Zip above stated limited liability company at the ed agent and agree to act in this capacity. I	
lace designated in this certi	6766 SW 103 CT Florida street addre MIAMI City tered agent and to accept service to the provisions of all statutes to	Name SS (P.O. Box NOT at FL State vice of process for the potnument as register relating to the proper	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I	
lace designated in this certi	6766 SW 103 CT Florida street addre MIAMI City tered agent and to accept service to the provisions of all statutes to	Name SS (P.O. Box NOT at FL State vice of process for the potnument as register relating to the proper	cceptable) 33173 Zip above stated limited liability company at the ed agent and agree to act in this capacity. I	
lace designated in this certi	6766 SW 103 CT Florida street addre MIAMI City tered agent and to accept service to the provisions of all statutes to	Name SS (P.O. Box NOT at FL State vice of process for the potnument as register relating to the proper	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I	
ace designated in this certi	6766 SW 103 CT Florida street addre MIAMI City tered agent and to accept service the applicate, I hereby accept the applicate obligations of my position	State State vice of process for the pointment as registered agent of the proper agent of the p	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I to provided for in Chapter 605, F.S	
lace designated in this certi	6766 SW 103 CT Florida street addre MIAMI City tered agent and to accept service the applicate, I hereby accept the applicate obligations of my position	Name SS (P.O. Box NOT at FL State vice of process for the potnument as register relating to the proper	above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I to provided for in Chapter 605, F.S	

MAY -2 PM L: 41

ARTICLE IV-

	. <u>Title:</u>	Name and Address:
	"AMBR" - Authorized Member	
	"MGR" = Managet	
	AMBR	JUAN ANTONIO ALVAREZ RODRIGUEZ
		6766 SW 103 CT
		MIAMI, FL 33173
	<u> </u>	
	(Use attachment if necessary)	
	(Use attachment if necessary)	
ARTI	now may more than the determinant the determinant	e of filing: (OPTIONAL)
ARTI (If an	now may more than the determinant the determinant	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
(If an	CLE V: Effective date, if other than the date effective date is listed, the date must be sp	became and cannot be made man take parameter made better to on the parameter made and the p
(If an the da Note	(CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da Note	CLE V: Effective date, if other than the date effective date is listed, the date must be sp	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not occurrent's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the de	(CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the da	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not occurrent's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not occurrent's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not occurrent's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be listed as
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) : If the date inserted in this block does not occurrent's effective date on the Department	meet the applicable stanutory filing requirements, this date will not be listed as t of State's records.
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be square of filing.) If the date inserted in this block does not occurrent's effective date on the Department (CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable stanutory filing requirements, this date will not be listed as t of State's records.
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable stanutory filing requirements, this date will not be listed as t of State's records.
(If an the da <u>Note</u> the de	CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) : If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable stanutory filing requirements, this date will not be listed as t of State's records.

JUAN ANTONIO AL VAREZ RODRIGUEZ

cane on Filing Factor Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

Filing Fees: