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### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Obal Weath Transfer U.C. 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:		
Nakia Martin Name of Person		
Name of Person		
Global Wealth Transfer LC.		
Firm/Company		
818. NE 18th Ct Ft. Lauderdale FL 33305		
Address		
Fort Lauderdale, FL 33305		
City/State and Zip Code		
Slobal Weath transfer 1 c asmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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 1 - Name: The name of the Limited Liability Company is:	
Global Wealth Trai	nufer LLC.
(Must contain the words "Limited Liabilit	y 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:	Mailing Address:
818 NE 18#CT	\$18 NE 18#CT
fort-Laudiracile, Fi	- forthundingal fe
Florida street address (P.O.	are:    Martin   Box NOT acceptable)
Heavderdale City S	FL 33305
City	State Zip
Having been named as registered agent and to accept service of proplet place designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as registered Accept the agents and accept the obligations of my position as registered accept the agents and accept the agents are accept the agents and to accept service of proplets and to accept the appointment for the agents are accept the agents and accept the agents are accept the agents and accept the agents are accept the agents and accept the agents are accept the agents are accept the agents are accept the agents and accept the agents are accept the agents accept the agents are accept the agents are accept the agents accept the accept the agents acc	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager  CEO	Name and Address:  Nakia Martin SIR NE IK+ CT Fort Lauderdale, FL 333725
(Use attachment if necessary)	
If an effective date is listed, the date must be s he date of filing.)	te of filing:  (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  t meet the applicable statutory filing requirements, this date will not be listed a  nt of State's records.
RTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Wali Wlont = =
This document is exec I am aware that any fal	nember or an authorized representative of a member.  cuted in accordance with section 605.0203 (1) (b), Florida Statutes.  lse information submitted in a document to the Department of State 1  ree felony as provided for in s.817.155, F.S.

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)