... Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000276181 3)))



H200002751813AEC.

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 : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

\*\*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. GREAT WORLD ORDER LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. FASON

AUG 1 3 2020

2020 AUG 12 AM 10: 28

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# Great World Order LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

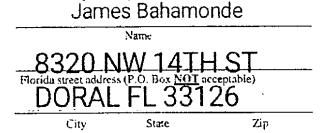
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
8320 NW. 14th ST	8320 NW T4TH ST
Doral fl 33126	DORAL FL 33126

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:



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 ugent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proof and coopelete 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 Asynt's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2020 AUG 12 AM 10: 28

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	James Bahamonde 8320 NW 14TH ST DORAL FL 33126
(Use attachment if necessary)	
n effective date is listed, the date must be late of filing.) e: If the date inserted in this block does a	specific and cannot be more than five hastness days prior to or 90 days at or meet the applicable statutory filing requirements, this date will not be liste
FIGLE V: Effective date, if other than the d n effective date is listed, the date must be late of filing.)	specific and cannot be more than five hastness days prior to or 90 days at it meet the applicable statutory filing requirements, this date will not be liste
FIGLE V: Effective date, if other than the d n effective date is listed, the date must be date of filing.)  e: If the date inserted in this block does as document's effective date on the Department of the Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days afort meet the applicable statutory filing requirements, this date will not be listernt of State's records.
FICLE V: Effective date, if other than the d n effective date is listed, the date must be date of filing.)  e: If the date inserted in this block does as document's effective date on the Department of the Depar	specific and cannot be more than five hastness days prior to or 90 days at it meet the applicable statutory filing requirements, this date will not be liste

\$ 5.00 Certificate of Status (Optional)