

L21000296424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

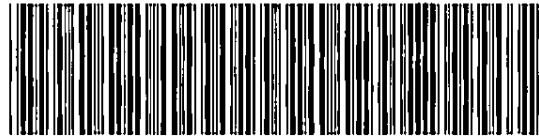
(Business Entity Name)

(Document Number)

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

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06/15/21--01030--014 \*\*125.00

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2021 JUN 15 AM 9:41  
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2021 JUN 15 PM 2:18  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

W21-87781  
R

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

RIVERBANK LLC

PLEASE RETURN A STAMPED COPY

CHECK# 9007      FOR: \$125.00

THANK YOU!

FILED  
2021 JUN 15 AM 9:41  
TALLAHASSEE, FL 32301  
FLORIDA RESEARCH & FILING SERVICES, INC.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2021

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: RIVERBANK, LLC  
Ref. Number: W21000087781

We have received your document for RIVERBANK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000054398.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 221A00013475

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2021 JUN 25 PM 3:40

SEC. OF STATE  
TALLAHASSEE, FLORIDA

RESUBMITTING  
w/ CORRECTIONS  
PLEASE RETAIN  
ORIGINAL SUBMISSION  
DATE 6/15/21

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Globalcontrol 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:

CARLOS GARCIA

Name of Person

CARLOS GARCIA P.A.

Firm/Company

500 SOUTH DIXIE HWY. SUITE 202

Address

CORAL GABLES, FL 33146

City/State and Zip Code

CARLOS@CGPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GARCIA

305

779 2479

at ( )

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 JUN 15 AM 9:41

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Globalcontrol 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:

500 SOUTH DIXIE HIGHWAY SUITE 202  
CORAL GABLES, FLORIDA 33146

Mailing Address:

500 SOUTH DIXIE HIGHWAY SUITE 202  
CORAL GABLES, FLORIDA 33146

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:

CARLOS GARCIA P.A.

Name

500 SOUTH DIXIE HIGHWAY SUITE 202

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

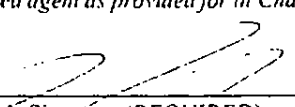
CORAL GABLES      FLORIDA      33146

City

State

Zip

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

CARLOS GARCIA  
500 SOUTH DIXIE HIGHWAY SUITE 202  
CORAL GABLES, FL 33146

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/15/2021 (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.)

**Note:** 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.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**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.

CARLOS GARCIA

\_\_\_\_\_  
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)

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2021 JUN 15 AM 9:41  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA