## 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.

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

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : : (954)903-4836

Fax Number : (954)246-0340

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. MBI TRAINING CONSULTING LLC

Certificate of Status	0
Certified Copy	0
Page Count	. 01 .
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu



Fax: (850) 617-6381

Page: 3 of 5

08/09/2022 4:13 PM

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## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT:	- MBI TRAINING CONSULTING LLC	
SCBIRCI.	Name of Limited Liability Company	
The enclosed Articles of Organizati	ion and fee(s) are submitted for filing.	
Please return all correspondence con	neerning this matter to the following:	
	MERCY'INDYK	
	Name of Person	
	MBI TRAINING CONSULTING LLC	
	Firm/Company	
	340 ROBIN HOOD CIRCLE #201	
	Address	
	NAPLES,FL, 34104	
	City/State and Zip Code NATHALY.CUARTAS@TAXCAREINC.C	OM _
<del></del>	ress: (to be used for future annual report notifie	
For further information concerning th	is matter, please call:	
NATHALY CUARTAS	954 9034036 at ( )	
Name of Person	Area Code Daytime Teleph	one Number
Enclosed is a check for the followin	g amount:	
	00 Filing Fee & S155.00 Filing Fee & Certified Copy	☐\$160.00 Filing Fee, Certificate of Statús &

Mailing Address

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

(additional copy is enclosed)

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

.' Certified Copy

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

					•	
		MBI TRAINING				
•	, (Must co	ontain the words "Limite	d Liability Compan	iy, "L.L.C.," or "LLC.")		,
	E II - Address:	address of the principal	Laffian af tha Limit	ad Linkling Community		
,	ing address and succi	address of the principal	office of the Limit	ed Liability Company is		
•	Princ	ipal Office Address:	•	Mailing A	ddress:	
.,	340 ROBIN HOOI NAPLES,FL, 3410	O CIRCLE #201	<u>34</u>	0 ROBIN HOOD CIRC	LE #201	
			187	AFDES,FL, 34104	<del></del>	•
		•	• •	_		
RTICE	E III - Registered A	gent, Registered Office	e, & Registered Ag	ent's Signature:		
i he Lim	ated Liability Compa	ny cannot serve as its ow	m Registered Agen	t. You must designate at	individual or	
nother t	ousiness entity with ai	n active Florida registrat	ion.)			
he namu	and the Florida sign	t address of the register		· · · ·		
ne mann	and the Fighter succ	n address of the register	ed agent are: .			
	•	· TAX CARE	PEMBROKE PIN	ES .		,
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		City	State	Zip .		
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ARTICLE IV-

"AMBR" = Manager  AMBR		Title:		Name and Address:	
AMBR  MERCY INDYN  340 ROBIN HOOD CIRCLE #201  NAPLES.FL. 34104  AMBR  MARC INDYN  340 ROBIN HOOD CIRCLE #201  NAPLES.FL. 34104  AMBR  MARC INDYN  340 ROBIN HOOD CIRCLE #201  NAPLES.FL. 34104  ARTICLE V: Effective date, if other than the date of filing.  ((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 fissed as the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.  ANY AND ALL LAWFUL BUSINESS  REQUIRED SIGNATURE:  VARY V. Twoly  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			er		•
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MARC INDYK  340 ROBIN HOOD CIRCLE #201  NAPLES.FL 34104  (Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:		AMBK		MERCY INDYK  340 RORIN HOOD CIRCLE #201	
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Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)