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.

(((H23000052766 3)))



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To:

Division of Corporations

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number: I2020000016 Phone : (954)903-4036

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. NORTHEM GROUP LLC

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Estimated Charge	\$125.00

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Help



COVER LETTER

TO:	New Filing Se Division of Co					
			RTHEM GRO	UP USA LLC		
SUBJ	ECT:		f Limited Liab	ility Company		
The er	nclosed Articles of	f Organization and fee(s) are submitte	ed for filing.		
Please	return all corresp	ondence concerning th	s matter to the	following:		
		DEIVY H	ERNANDEZ			
			Name (of Person	** **	-
		NORTHE	M GROUP LI	C		
			Firm'C	Company		-
		12555 Qrange	Dr. Ste 4043			
			Ado	lress		-
		Da	vie, FL. 33330)		
		<u></u>	City/State a	ind Zip Code		-
			<u> </u>	xeareine.com		- <u>-</u> -
		E-mail address; (to be (ised for future	annual report notificat	ion)	
For furth	her information co	oncerning this matter, p	icase call:			٠.
	NathalyCuar	tasa	954	9034036		•
	Nan	ne of Person		Daytime Telephor		-:
Englos	ed is a check for t	he following amount:				:
	5.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	:
		ng Address		Street Address	tatat a	
		iling Section on of Corporations		New Filing Section D The Centre of Tallah		
		86x 6327 assec. FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	NORTHEM GRO	UP USA LLC		
(Must	contain the words "Limited I		. "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and stre	ret address of the principal of	ffice of the Limite	d Liability Company is:	
Pris	Principal Office Address:		Mailing Address:	
12555 Orange D	r.Ste 4043	125	55 Orange Dr.Ste 4043	
Davie, FL, 33330)		rie, FL, 33330	
nother business entity with	an active Florida registratio reet address of the registered Tax Care Pemb	n.) agent are:	You must designate an individual or	
nother business entity with	an active Florida registration reet address of the registered Tax Care Pemb	agent are: roke Pines Name	You must designate an individual or	,
nother business entity with	an active Florida registratio	n.) agent are: roke Pines Name Dr. Ste 265		
nother business entity with	an active Florida registration reet address of the registered Tax Care Pemb 12555 Orange	n.) agent are: roke Pines Name Dr. Ste 265		
nother business entity with	an active Florida registration reet address of the registered Tax Care Pemb 12555 Orange Florida street address	n.) agent are: roke Pines Name Dr. Ste 265 (P.O. Box <u>NOT</u>)	(cceptable)	

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
<u>AMBR</u>	DEIVY STIVEN HERNANDEZ 12555 Orange Dr.Ste 4043 Davie, FL, 33330	-
AMBR	LAURA CATALINA URREGO 12555 Orange Dr.Ste 4043 Davie, FL, 33330	- -
		- - -
		- '
(Use attachment if necessary)	ate of filing:	
f an effective date is listed, the date must be see date of filing.)	specific and cannot be more than five business days prior to or 90 at meet the applicable statutory filing requirements, this date will no	
RTICLE VI: Other provisions, if any, nv and all lawfull business		
REQUIRED SIGNATURE:		
	DEIVY HERNANDEZ	
This document is exec I am aware that any fa	member 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 ree felony as provided for in s.817.155, F.S.	
	DEIVY HERNANDEZ	
	Typed or printed name of signee	
	PH 17	

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)



February 10, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

GLOBAL SUCCESS INVESTMENTS LLC

SUBJECT: NORTHEM GROUP LLC

REF: W23000018147

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

If you have any further questions concerning your document, please call (850) 245-6919.

Monique K Anderson Regulatory Specialist I Certification Section FAX Aud. #: H23000052766 Letter Number: 623A00003250