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(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Modern Globert Properties LC 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:
ZUGUI WANS Name of Person
Firm/Company
Address Tallah asser FL 32311 City/State and Zip Code Modern along al Suc (a. Amail (am E-mail address: (to be used for future annual report notification)
Address
Tallahassee, FL 32311
City/State and Zip Code Morlern global Such Amail Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person O Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status Stat

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Modern Global Properties LLC

(Must contain the words "Limited Liability Company "LLC" 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:
3402 Apaladee PKNY	3402 Apalachae PKNY HE
Tallahustee, FL 20311	Tallahasser FL 32311

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:

Name

Name

RECOLAPATACHER PRIMA

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

TOLICANCERE FOL 32311

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)

ARTICLE IV-

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

Title: "AMBR" = Author	Name and Address:
"MGR" = Manager	
•	3/02 Apalachte 12/04 F
	Taillahassee, FL 3-311
(Use attachment if	manaccuru)
ate of filing.) :: If the date inserted in	f. the date must be specific and cannot be more than five business days prior to or 90 days aft in this block does not meet the applicable statutory filing requirements, this date will not be listed ate on the Department of State's records. ions, if any.
REOUIRED SIG	NATURE:
Lai	Signature of a member or an authorized representative of a member, as document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, am aware that any false information submitted in a document to the Department of State institutes a third degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	Typed of printed name of arguee

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)