L23000 489460

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Name)	
(Do	ocument Number)	
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COVER LETTER

TO: New Filing Section Division of Corpo	n rations		
SUBJECT: 410	obal view	Associates 1	LLC
	Name of Lin	nited Liability Company	
The enclosed Articles of Or	ganization and fee(s) ar	e submitted for filing.	
Please return all correspond			
Car	viel Sant	iago	
		Name of Person	
_Globa	1 View F	Issociates L	LC
		Firm/Company	
1801	POIKStre	et A0B0x 221	2775
		Address	
_ Holly	wood FL	33022 ity/State and Zip Code	
dano	usanti a	15/State and Zip Code	_
E-ma	il address: (to be used	for future annual report notificati	(ID)
For further information concer			
Daniel S Name of	Santiago Ari	786) 696 – ea Code Daytime Telephone	3260 e Number
tine beed is a check for the fo	llowing amount:		
MS125.00 Filing Fee ☐ Co	\$130.00 Filing Fee & ertificate of Status	⊡\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	D\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address	
New Filing!	Section	New Filing Section Div	vision
Division of	Corporations	The Centre of Tallahas	ssee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LI.C.")

Global View Associates, LLC

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

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1801 Polk Street	1801 POIK Street
Hollywood FL 33027	00 POX 2 20775
	HO114000 FL 33022
ARTICLE III - Registered Agent, Registered Office. & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida projectory and a contract of the	red Agent's Signature:
another business entity with an active Florida registration.)	control of signate an individual of
The name and the Florida street address of the registered agent are:	•
_ Daniel S	antiago
Name	· J —
1801 Polk Stre	<u>e</u> t
Florida street address (P.O. Box	NOT acceptable)
Hollywood FL	<u>. 33</u> 022
J ity State	Zip
Having been named as registered agent and to accept service of proce- place designated in this certificate. I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to th am familiar with and accept the obligations of my position as registere	registered agent and agree to act in this capacity. I

Registered Agent's Signature (REQUIRED)

20230CT27 PM 12:20

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGP	Daniel Santiago
	1801 ADIX Street PORTX 220775
	TE SOLZ
	
	
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incoming more in insticut this CINIC MARK De	ate of filing:
TLE V: Effective date, if other than the diffective date is listed, the date must be to filling.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutors; filing requirements, this days will be statutors.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutors; filing requirements, this days will be statutors.
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LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exellain aware that any factors.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutors; filing requirements, this days will be statutors.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department of the Department's effective date on the De	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. Member or an authorized representative of a member, cuted in accordance with section 605,0203 (1) (b). Florida Statutes, this information submitted in a document to the Department of State arec felony as provided for in s.817.155, F.S.
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ument's effective date on the Department of the Department's effective date on the De	Security and cannot be more than five business days prior to or 90 but meet the applicable statutory filing requirements, this date will not ent of State's records. Security of a member or an authorized representative of a member. Cuted in accordance with section 605,0203 (1) (b). Florida Statutes, also information submitted in a document to the Decomposition of Security of Section 605,0203 (1) (b).

ARTICLE IV-