

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L24000180875**

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(((H24000180875 3)))



H240001808753ABC2

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

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: _____

RECEIVED
2024 MAY 21 PM 1:14
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
THOMAS WARRIOR INVESTMENTS LLC**

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

FILED
2024 MAY 21 PM 1:14
STATE
T.J.H.
5/22/24



May 21, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GLOBAL SUCCESS INVESTMENTS

SUBJECT: THOMAS WARRIOR INVESTMENTS LLC
REF: W24000077604

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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H24000180875
Letter Number: 624A00011039

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THOMAS WARRIOR INVESTMENTS 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:

1860 N Pine Island Rd Ste 114
Plantation FL 33322

Mailing Address:

1860 N Pine Island Rd Ste 114
Plantation FL 33322

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:

tax care pembroke pines

Name

12555 orange Dr, Suite 265

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

Davie

FL

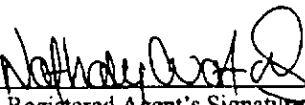
33330

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)

FILED
MAY 21 2024
STATE OF FLORIDA
CLERK OF THE COURT

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRJORGE ENRIQUE GUERRERO LEON1860 N Pine Island Rd Ste 114Plantation FL 33322AMBRBRIGITT MARLENNY HUERTAS GONZALEZ1860 N Pine Island Rd Ste 114Plantation FL 33322

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.REAL ESTATE**REQUIRED SIGNATURE:**Jorge Guerrero
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.Jorge Guerrero
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)

FILED