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Florida Department of State

Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : 120070000020  
Phone : (813)435-3176  
Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

*SpradlinLaw@gmail.com*

FLORIDA LIMITED LIABILITY CO.  
RW GLOBAL GROUP LLC

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RW GLOBAL GROUP 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:**

6586 W. ATLANTIC AVE. Unit #2198  
DELRAY BEACH FL 33446

**Mailing Address:**

6586 W. ATLANTIC AVE. Unit #2198  
DELRAY BEACH FL 33446

**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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

4300 BISCAYNE BLVD #203

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

MIAMI

FLORIDA

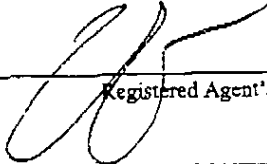
33137

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

**Name and Address:**

AMBR

JOSHUA NEWMAN  
6586 W. ATLANTIC AVE. Unit #2198  
DELRAY BEACH FL 33446

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(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.)

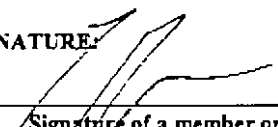
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**ARTICLE VI:** Other provisions, if any.

**BUSINESS PURPOSE: ANY AND ALL LAWFUL BUSINESS PURPOSES**

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.

NICKOLAS J. SPRADLIN, ESO. AUTH. REP. OF A MEMBER  
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)

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