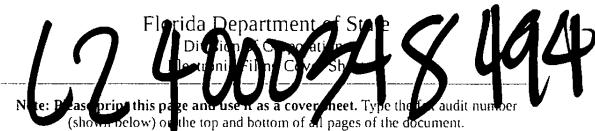
Division of Corporations



(((H240002711343)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. Global Development Housing Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Global Development Housing 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:

<u>Principal (</u>	Office Address:	<u>Mai</u>	ling Address:
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St Petersburg	FL 33702	St. Petersburg	FL 33702

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:

Northwest Registere	d Agent LLC		
	Name		
7901 4th St N		STE 300	
Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)	
St. Petersburg	FL	33702	
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)

SECRETARY OF TAILE AND A ALIGHE AND A ALIGHE AS PHILE IS

Fax: 8134365206

**MGR" = Manager AMBR Global Development Group, LLC 7901 4th SLN STE 300 St. Petersburg, EL 33702 AMBR The Housing Development Consulting Group, LLC 7901 4th, SLN STE 300 St. Petersburg, EL 33702 (Use attachment if necessary) E.V.: Effective date, if other than the date of filing: (OPTIONAL) rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member	Name and Address:
AMBR The Housing Development Consulting Group, LLC 7901 4th St N. STE 300 St. Petersburg. FL 33702 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) 'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.		
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AMBR The Housing Development Consulting Group, LLC 7901 4th, St.N. STE 300 St. Petersburg, EL. 33702 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.		7901 4th St N STE 300
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(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		7901 4th St N STE 300
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		St. Petersburg, FL 33702
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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	EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block document's effective date on the Department's effective date on the Dep	of a member or an authorized representative of a member. A capeated in accordance with section 605.0203 (1) (b). Florida Statutes, ny false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)