

8/4/22, 3:07 PM

Division of Corporations

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

From: Account Name : MILBERY & KESSELMAN CPAS, LLC
Account Number : I20180000053
Phone : (954)583-3223
Fax Number : (954)583-3259

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

Email Address: mdaza@globotech.com

FLORIDA LIMITED LIABILITY CO.
GLOBO MANAGEMENT, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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TALLAHASSEE, FLORIDA

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FLORIDA
DIVISION OF CORPORATIONS
ELECTRONIC FILING

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GLOBO MANAGEMENT, LLC
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:

MARIA DAZA
Name of Person
GLOBO MANAGEMENT, LLC
Firm/Company
1200 NE 103RD STREET
Address
MIAMI, FLORIDA 33138
City/State and Zip Code
mdaza@globotech.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DAZA 858 682 7088
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Selected: \$125.00 Filing Fee
Other options: \$130.00 Filing Fee & Certificate of Status, \$155.00 Filing Fee & Certified Copy, \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBO MANAGEMENT, 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:

Mailing Address:

1200 NE 103RD STREET
MIAMI, FL 33138

1200 NE 103RD STREET
MIAMI, FL 33138

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:

MARIA C. DAZA

Name

1200 NE 103RD STREET

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

MIAMI, FLORIDA 33138
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Maria Cristina Daza
Registered Agent's Signature (REQUIRED)

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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:

MGR _____

ANDRES LEYVA
1200 NE 103RD STREET
MIAMI, FL 33138

MGR _____

MARIA C. DAZA
1200 NE 103RD STREET
MIAMI, FL 33138

(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.

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.

MARIA C. DAZA

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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