F01000001924

TRANSMITTAL LETTER

	tion Section of Corporations	i i		·	
SUBJECT: _	GI	opcom	on - must include suffix)		
	(Nam	e of corporation	on - must include suffix)		
Dear Sir or Mad	am:				
The enclosed "A "Certificate of E to transact busin	application by Foreign C xistence", and check are ess in Florida.	Corporation for submitted to r	Authorization to Transa register the above refere	ect Business in Florida"; nced foreign corporation	n
Please return all	correspondence concern NAHhew B VISG-TE	ning this matter	to the following:	00003960 -04/05 <u>/</u> 01 <u></u> 01	l053 003
/	,	(Name of	Person)	*****78.75	*****78.75
V	1 /ISG -TE	Jecom			
	/	(Firm/Co	mpany)		
	10821 Ve	ure (incle		
	_	(Addr	ess)		
	Tampa , A	=L 3:	3635 and Zip code)	·	
•		(City/State a	and Zip code)		
For further inform	mation concerning this n	natter, please c	all:		
MAHA	or Brown of Person)	at (813	854-4159	, JALES	?
(Name o	# Person)	(Area C	Code & Daytime Teleph		<u> </u>
STREET ADDE		j	MAILING ADDRESS	s: The E	
Registration Sect Division of Corp			Registration Section Division of Corporatio		
409 E. Gaines St.	,	-	P.O. Box 6327		1
Tallahassee, FL	32399		Tallahassee, FL 32314	1	unt
Enclosed is a che	ck for the following ame	ount:			4/10
□ \$70.00 Filing	Fee \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Stat Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualificat ion.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

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DIRECT	ORS (Street address only - P.O. Box	x NOT acceptable)				
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*	ERS (Street address only - P.O. l		e)			
resident:	Glen Kofman	•		 		· · · · · · · · · · · · · · · · · · ·
	1904 Highland			· · · · · · · · · · · · · · · · · · ·	<u>≥</u> 9	
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ddress: rice Preside ddress: ecretary: ddress: reasurer: ddress:	1904 Highland Northbrook, IL 60062 nt: necessary, you may attach an addendur	n to the application lis	ting additional of		irectors.	



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that

GLOBCOM INCORPORATED, A DOMESTIC CORPORATION,
INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 13, 1995, C
APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS
CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL
REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN
GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS***





In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ____ day of ______MARCH