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(Re	equestor's Name)	
(Ac	ddress)	
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. (Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. LEGGETT APR 23 2018 2018 APR 20 PH 8: 31
SECRETARY OF STATE
SECRETARY OF STATE

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 4-20-18	
ENTITY NAME GLOBAL CIREEN MANAGEMENT,	INC.
DOCUMENT NUMBER	
PLEASE FILE THE ATTACHED AND RETURN	
Plain Copy Certified Copy Certificate of Status	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
Certified Copy of Arts & Amendments Certificate of Good Standing	
APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	_
TOTAL OWED \$ 70 - CHECK # 4758	_
Please call Tina at the above number for any issues or concerns. Thank you so n	nuch!

COVER LETTER

то:	Registration Sec Division of Cor					
		een Management, Inc	1			
SUB,	JECT:	<u> </u>				
		Name of	corporation	- mu	ist include suffix	
Dear	Sir or Madam:					
"Cert	ificate of Existenc		f Good Star	iding	" and check are sub-	et Business in Florida," mitted to register the
Please	e return all corresp	ondence concerning	g this matter	· to th	ne following:	
			Name of	Perso	on	
Harbo	or Compliance					
48-50	W. Chestnut St, ST	E 301	Firm/Con	npany	·	
Lanca	aster, PA 17603		Addre	ess		
			<u> </u>	1 77		
sheld	on@uimnj.com	,	City/State a	nd Z	ip code	
		E-mail address:	(to be used	for fu	iture annual report n	otification)
For fu	arther information	concerning this mat	tter, please o	call:		
Sheldon Cuffy		201		921-3856		
	Name of Perso		Area Cod) _ le	Daytime Telepl	none Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclo	osed is a check for	the following amou	nt:			
I \$7	70.00 Filing Fee	\$78.75 Filing Certificate of			8.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,	,
Global Green	Management, Inc.		
	ble in Florida, enter alternate corporate name		business in Florida)
Montana	3	82-1459084	
(State or country 5-28-2014	y under the law of which it is incorporated)	(FEI number, if app	olicable)
	5.		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
	(SEE SECTIONS 607.1501 & 607.1.	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	y)
1000 Fifth St, ST Miami Beach, FL	(SEE SECTIONS 607.1501 & 607.1. E 200-G5 (Princip		y)
	(SEE SECTIONS 607.1501 & 607.1. E 200-G5 (Princip	502, F.S., to determine penalty liabilit	
1000 Fifth St, ST Miami Beach, FL	(SEE SECTIONS 607.1501 & 607.1. E 200-G5 (Princip	502, F.S., to determine penalty liabilit oal office address) ng address, if different)	SECRETARY
1000 Fifth St, ST Miami Beach, FL Name and stree	(SEE SECTIONS 607.1501 & 607.1. E 200-G5 (Princip 33139 (Current mailing) t address of Florida registered agent: (P.C.)	502, F.S., to determine penalty liability pal office address) ng address, if different) D. Box NOT acceptable)	SECRETARY OF STALLAHASSEE, FI
1000 Fifth St, ST Miami Beach, FL Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1. E 200-G5 (Princip 33139 (Current mailing address of Florida registered agent: (P.C.) REGISTERED AGENTS INC.	502, F.S., to determine penalty liability pal office address) ng address, if different) D. Box NOT acceptable)	SECRETARY OF TALLAHASSEE.

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.

> Bill Havre/Secretary/Registered Agents Inc. (Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Joel Betances Chairman: 1000 Fifth St, STE 200-G5 Address: Miami Beach, FL 33139 Vice Chairman: Address: ____ Director: ____ Address: ____ Director: B. OFFICERS Joel Betances President: 1000 Fifth St, STE 200-G5 Address: Miami Beach, FL 33139 Vice President: Address: Secretary: _____ Address: ____ Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Joel Betances JOEL 13. (Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

GLOBAL GREEN, INC.

duly filed its Articles Of Incorporation for the domestic entity in this office on **May 28, 2014**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 20th day of April, 2018.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 042020180267