

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000065864

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000072671 3)))



H180000726713ABC%

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 : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990000127
Phone : (305)477-5671
Fax Number : (305)477-2640

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

Email Address: FRANKJR@ROSILLOPA.com

FLORIDA LIMITED LIABILITY CO.

Globset LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
2018 MAR 15 PM 12:30
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
2018 MAR 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MAR 16 2018

Brumbley

FILED

2018 MAR 15 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H18000072671 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **Globset, LLC**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

7950 NW 53rd ST Suite 221
Doral, Florida 33166

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent is:

Frank A. Rosillo
7950 NW 53rd ST Suite 221
Doral, Florida 33166

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.



Frank A. Rosillo

((H18000072671 3)))

((H18000072671 3))

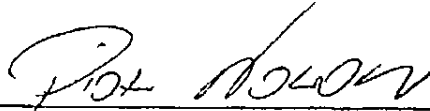
ARTICLE IV - MANAGEMENT

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

Name and Address:

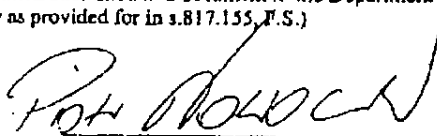
-AMBR – Authorized Member

**Piotr Nowocien
7950 NW 53rd ST Suite 221
Doral, Florida 33166**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document Constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the State Constitutes a third degree felony as provided for in s.817.155, F.S.)



Piotr Nowocien

((H18000072671 3))

**Filing Fees:
\$125.00 Filing Fee for Articles of Organization
30.00 Certified Copy (Optional)
5.00 Certificate of Status (Optional)**