L21000033514

(Requestor's Name)
(Address)
(Audress)
(City/State/Zip/Phone #)
PICK-JP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer

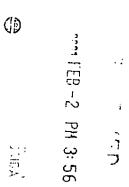
Office Use Only



500358801165

2021 FEB -2 PH 2: 33

[2]/[3/2]--[1][1](1]---1



CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		\mathbf{W}_{I}	ALK IN	
	PICK	UP:	02//2021	
	CERTIFIED COPY			
xx	РНОТОСОРУ			
	CUS			
xx	FILING	LLC		
	Glokal LLC (CORPORATE NAME AND DOCUME	ENT #)		 <u></u>
	(CORPORATE NAME AND DOCUME	ENT #)		
	(CORPORATE NAME AND DOCUME	ENT #)		
	(CORPORATE NAME AND DOCUME	ENT #)		
	(CORPORATE NAME AND DOCUME	ENT #)		
	(CORPORATE NAME AND DOCUME	ENT #)		
ECIA STRU	L CTIONS:			

COVER LETTER

New Filing Section

TO:

Γ	Division of Corporations			
SUBJECT	GLOKAL LLC			
		me of Limited Liab	oility Company	
The enclos	sed Articles of Organization and	fee(s) are submitt	ed for filing.	
Please retu	urn all correspondence concerni	ng this matter to th	e following:	
	Calvin Azadi, Esq.			
		Name	of Person	
	Azadi Law			
		Firm/(Company	
	78 SW 7th Street, Suite 500			
		Ad	dress	
	Miami, FL 33130			
	calvin@azadilaw.com	City/State	and Zip Code	
	E-mail address: (t	o be used for future	annual report notificat	ion)
For further i	nformation concerning this mat	ter, please call:		
	Calvin Azadi, Esq.	305 a1 (930-0435	
	Name of Person	Area Code	Daytime Telephon	ne Number
Enclosed i	s a check for the following amo	unt:		
■\$125.00	Filing Fee S130.00 Fili Certificate of	Status Certi	55.00 Filing Fee & fied Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	to de trada
	New Filing Section Division of Corporation	s	New Filing Section D The Centre of Tallah;	
	P.O. Box 6327		2415 N. Monroe Stre	et, Suite 810
	Tallahassee Fl 32314		Tallahaeege Fl 3230	13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

GLOKAL LLC				_ _	
(Must c	ontain the words "Limited Lia	bility Company, *	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	et address of the principal offic	re of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
c/o Azadi Law		c/o A	zadi Law		
78 SW 7th St., Su			V 7th St., Suite 500	_	
Miami, FL 33130		Mian	ii, FL 33130		
•	Agent, Registered Office, & 1	Registered Agen	t's Signature:		
	any cannot serve as its own Re an active Florida registration.)	gistered Agent. Y	ou must designate an individual or		
another business entity with a		gistered Agent. Y	•	2021	
another business entity with a	an active Florida registration.)	gistered Agent. Y	•	2021 FEI	3
another business entity with a	an active Florida registration.) eet address of the registered ag Azadi Law P.A.	gistered Agent. Y	•	2021 FEB - 2	73
another business entity with a	an active Florida registration.) eet address of the registered ag Azadi Law P.A.	gistered Agent. Y	•	2-	ž
another business entity with a	an active Florida registration.) eet address of the registered ag Azadi Law P.A. N	gistered Agent. Y ent are: fame 500,	ou must designate an individual or	-2 PII	3
another business entity with a	Azadi Law P.A. N 78 SW 7th Street, Suite Florida street address (P	ent are: same 500, O.O. Box NOT ac	ou must designate an individual or	-2 PII 2:	: بر بر بر نورین
another business entity with a	an active Florida registration.) eet address of the registered ag Azadi Law P.A N 78 SW 7th Street, Suite	gistered Agent. Y ent are: fame 500,	ou must designate an individual or	-2 PII	

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)

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	
AMBR	Arturo Mario Navarro Ithuralde Libertad 1041 - 7 floor (2): B Business Forum Building (1012) Buenos Aires - Argentina
AMBR	Inaki González Arnejo Libertad 1041 - 7 floor Of. B Business Forum Building (1012) Buenos Aires - Argentina
(Use attachment if necessary)	
T.E. V: Effective date, if other than to ffective date is listed, the date must e of filing.) If the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than teffective date is listed, the date muse of filing.) If the date inserted in this block document's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days. es not meet the applicable statutory filing requirements, this date will not be list
TLE V: Effective date, if other than to effective date is listed, the date must e of filing.)	t be specific and cannot be more than five business days prior to or 90 days. es not meet the applicable statutory filing requirements, this date will not be list

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.

Arturo Mario Navarro Ithuralde
Typed or printed name of signee

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)