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(Requ	estor's Name)	
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ECRETARY OF STATE

FILED

COVER LETTER

TO:	Registration Section Division of Corpor				
SHRI	JECT:	GLOBI	ET INC		
3000		Name of corporation	on - must i	nelude suffix	_
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation for "Certificate of Good Strorporation to transact busing	anding" an	d check are sub	
Please	return all correspon	dence concerning this matt	ter to the fo	llowing:	
LOVE	TTE DOBSON				
		Name o	of Person		
		Firm/Co	ompany		
17350	STATE HWY 249 #22	20			
		Add	dress		
HOUS	TON, TX 77064				
		City/State	and Zip co	ode	
EFILE	1234@INCFILE.COM	1			
		E-mail address: (to be used	d for future	annual report i	notification)
For fu	rther information cor	ncerning this matter, please	e call:		
LOVE	TTE DOBSON	at ()	888-462-3453	
	Name of Person	Area Co	ode	Daytime Telep	hone Number
	STREET/COURI Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Please		following amount: b: FLORIDA DEPARTME? S78.75 Filing Fee & Certificate of Status	□ \$ 78.75	TE Filing Fee & ed Copy	S87.50 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.

·	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting 86-2027610	business in Florida)	_
Oblaware (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
(Date	e of incorporation)	(Date of diffation, it office to	ian perpetaan)	
				_
		in Florida, if prior to registration) 502, F.S., to determine penalty liability	y)	
651 N Broad S	it, Ste 205 #4725, Middletown, DE 19709	· · · · · · · · · · · · · · · · · · ·	, ,	
		fice street address)		-
	(, j v.	,		
	(Current mail)	ng address, if different)		•
	(Caren man)	ing dadiess, in differently	. 1	
Name and stre	ect address of Florida registered agent: (P.	O Box NOT acceptable)	2022 FEB SECRETA FALL AHAS	
Name and sac		O. Don <u>1101</u> deceptable)		!-
Name:	Angel Marinov		%≨ ~	1
	3640 Yacht Club Dr Apt 307			<u>}</u>
ffice Address		33180		
ffice Address:				
ffice Address:	Aventura (City)	, Florida	3: 14 STATE LORIDA	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS Angel Marinov □ Chairman Name: _____ □ Chairman ☐ Vice Chairman Address: □Vice Chairman Address: ___ 3640 Yacht Club Dr Apt 307 Director Director Aventura, FL 33180 ■ President □ President ☐ Vice President ☐ Vice President ■]Treasurer ☐ Secretary □Treasurer Secretary □Other .___ : _____ □Other _____ Other _____ □Other _____ Name: _____ ☐ Chairman Name: _____ □ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: _____ □Director □ Director President □ President ☐ Vice President □ Vice President ☐Treasurer ☐ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other _____ Other _____ Name: □Chairman Name: _____ Chairman Address: ______ □Vice Chairman □ Vice Chairman Address: _____ ☐ Director □ Director □President ☐ President □ Vice President □Vice President ☐ Treasurer ☐ Secretary □ Secretary □Treasurer □Other ____ □ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Angel Marinov - President



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLOBET INC" IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBET INC" WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 202739459

Date: 02-23-22