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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	- A-0.000 100 100
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



000180185150

05/11/10--01015--001 **70.00







May 7, 2010

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Globex International, Inc.

Dear Filing Officer:

Please file the attached Application for Authority for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Linda Stauffer Client Specialist

Enclosure

2010 MAY I AM 9: 36
SECRETARY OF STATE

COVER LETTER

SUBJECT: Globex	International, Inc.			
	(Name of	corporation	n - must include suffix)	
Dear Sir or Madam:				
	ce," and check are sub		Authorization to Transact Busine gister the above referenced fore	
Please return all corres	spondence concerning	this matter	to the following:	
Linda Stauffer				
·		(Name of	Person)	
NRAI Corporate Servi	ces			
		(Firm/Con	npany)	
16055 Space Center E	Blvd., Ste. 235			
		(Addre	ess)	
Houston, TX 77062				20) TAL TAL
	((City/State a	nd Zip code)	CRE LAH
For further information	n concerning this matte	er, please ca	ıll:	Y I I IARY I ASSEE
Tanya Dietrich	at	₍ 800	, 862-5438	AH 9:
(Name of Pers		\	ode & Daytime Telephone Num	ber)5E 33
STREET/CO	URIER ADDRESS:		MAILING ADDRESS	S:
New Filing Se	ction		New Filing Section	
Division of Co Clifton Buildi	•	Division of Corporations P.O. Box 6327		
	e Center Circle		Tallahassee, FL 32314	
Enclosed is a check for	r the following amount	:		
\$70.00 Filing Fee	\$78.75 Filing Fee Certificate of S		Certified Copy Ce	50 Filing Fee, rtificate of Status & rtified 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.

1. Globex Interna		 .				_
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"			
70						_
	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting b	ousiness i	n Florida)	
2. New Jersey		3.	04-3836834			_
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)			
4. 12/21/2005		5.	Perpetual			
(Date	of incorporation)		(Duration: Year corp. will cease to ex	ist or "pe	rpetual")	-
6.						
·			n Florida, if prior to registration)			-
			502, F.S., to determine penalty liability)			
77	venue, 38th Floor, New York, NY 1002	2		₹.	~	_
	(Principal office	add	ress)	7.0	OIO HA	
				AR		-n7.45
	(Current mailing	add	ress)	ARY		THERESE
				ù° Au		in thinks
8. Meat and Poul				ر ب _{ا ت} لئے	王	
(Purpose(s) of corporation authorized in home state of	rcc	ountry to be carried out in state of Florid	a)으 🚽	ۻ	ألمسوعة أ
	et address of Florida registered agent: (DE DE	36	
Name:	NRAI Services, Inc.					
Office Address:	2731 Executive Park Dr., Ste 4					
	Weston		, Florida 33331			
	(City)		(Zip code)			
10 Registered or	gent'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.

NRAI Services, Inc.

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman: Leonid Kogan			
Address: 515 Madison Avenue, 38th floor, New York, NY 10022			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS		1	
President: Leonid Kogan	<u>ر</u> ا	2010 I	
Address: 515 Madison Avenue, 38th floor, New York , NY 10022	HAS	HAY MENA	STREET,
		~ —	Company Company
Vice President: Ilona Kogan	F.C	, <u>1</u>	1 4
Address: 515 Madison Avenue, 38th floor, New York , NY 10022	NDA ADA	-1	
Secretary:			
Address:	,		
Svetlana Dushin			
Address: 515 Madison Avenue, 38th floor, New York, NY 10022			
7			
NOTE: If necessary, you may attach an addendum to the applicat	ion listing additional officers and/or	directors.	
13. Chifwef			
(Signature of Director or Officer listed in nu	mber 12 of the application)		
14. Svetlana Dushin, Treasurer /	proon signing application)		

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

GLOBEX INTERNATIONAL, INC.

0100956012

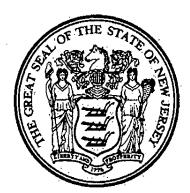
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 21, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Corporation Service Company 830 Bear Tavern Road West Trenton, NJ 08628

CRETARY OF haves



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this will have 5 th day of May, 2010

State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify Cert.jsp

Certification# 117069310