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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email Address:\_\_\_\_\_

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2020 NOV -5 PH 4:

## FLORIDA LIMITED LIABILITY CO.

## Global IG MN LLC

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Page Count	02
Estimated Charge	\$125.00

T. BURCH

NOV 6 2020

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•				
The name of the Limited Liabi	ility Company is:				
Global IG MN LL	C:				
(Must co	ontain the words "Limited I	Liability Com	oany, "L.L.C.," or "LLC.")		
A DOUGH D. H. A. Jahrense					
ARTICLE II - Address: The mailing address and street	address of the principal o	flice of the Li	mited Liability Company is:		
•					
Principal Office Address:			Mailing Ac	<u>idress</u> :	
157 East 57th Street, Unit 6C			157 East 57th Street, Unit 6C		
New York NY 100			New York NY 10022		
		<del></del>		<u> </u>	
ARTICLE III - Registered A	Agent, Registered Office,	& Registered	Agent's Signature:		
(The Limited Liability Compa	my cannot serve as its own	Registered Ag	gent. You must designate an	individuator 😂	
another business entity with a	in active Florida registratio	m.)		920 SEC	
The name and the Florida stre	et address of the registered	i agent are:		SECRL TANK	
The name and the Frontia sire				NUV-5	
	Veorp Services, LLC			SE S	
		מואו		The second	
	5011 South State Ro	ad 7, Suite 10	; <u></u>		
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)	AH 9: 00	
	Davie	FL	33314	0 ( AC	
	- Chy	State	Zip	•	
	•				
Having been named as registere	ed agent and to accept serv	ice of process	for the above stated limited l	iability company of the	
place designated in this certifica further agree to comply with the	ate, i nereny accepi ine app o neovisions of all statutes n	otnament as re elating to the r	gisterea agent and agree to proper and complete perforn	nance of my duties, and l	
am familiar with and accept the	obligations of my position	as registered i	igent as provided for in <mark>O</mark> 4	o <b>u</b> : 605, IFS	
·					
	Min	Mark	C.		
	Regist	tered Agent's	Signature (4EQJRED)	<del>_</del>	
	_				
		(CONTINI	IED)		
		CONTIN	· • • • • • • • • • • • • • • • • • • •		

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Anthony Zacharias
	243 East 94th Street New York NY 10128
·	New Tolk NY 10120
AA/DD	Michael Zacharias
MGR	157 East 57th Street, Unit 6C
	New York NY 10022
	<u> </u>
	\$ 9 T
	(C) 25
	<u>m</u> _ <u>U</u>
(Use attachment if necessary)	SAT 9:
	2 m 200
ARTICLEV: Effective date, if other than	the date of filing: (OPTIONAL)
	ist be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	oes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Dep	partment of State's records.
the document's effective date of the exer	
ARTICLEVI: Other provisions, if any.	
REQUIRED SIGNATURE:	
- P.	
<u>dan A</u>	
Signatur	e of a member or an authorized representative of a member.
I his document	is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any talse information submitted in a document to the Department of State
constitutes a thi	rd degree felony as provided for in s.817.155. F.S.
Laura B	ohan
	Typed or printed name of signe

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

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