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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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21 FEB -3 PM 3:59

2021 FEB -4 AM 11:56

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. GLOBAL EXCHANGE LLC Global Exchange Florida LLC
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ INC

☐ OTHER - Corp

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority

☐ APOSTIL () ☐ COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Limited Partnership
☐ Reinstatement

☐ Trademark
☐ Other

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Global Exchange Florida LLC
(Must contain the words "Limited Liability Company," "LLC," or "LLP.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

777 BRICKELL AVE
STE 500-49
MIAMI, FL 33131

777 BRICKELL AVE
STE 500-49
MIAMI, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Florida Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.

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

BULLMAN PARTNERS CORP
Name

777 BRICKELL AVE STE 500-49
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33131
City State Zip

I, MELODIE, am named as registered agent and to accept service of process for the above stated limited liability company and I hereby accept the appointment as registered agent and agree to act in the capacity of registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties as registered agent with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

MELODIE
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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, AMBR

MARTIN DELLOCA
777 BRICKELL AVE STE 500-49
MIAMI FL 33131

MGR, AMBR

FERNANDO LUND
777 BRICKELL AVE STE 500-49
MIAMI FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____

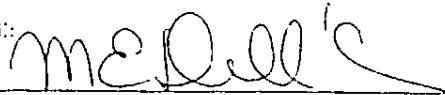
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



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

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.

MARTIN DELLOCA

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)