L21000045634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/04/21--01003--007 **125.00

21 FEB -3 PM 3:59

2021 FEB -4 AM 11:58

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. GLOBALEXCHANGE LLC Global Exchange Florida LLC
Name **Document Number (if known)**

_x_ Walk in ____ Will wait

___ Certified Copy
____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
__X__ 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," "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address:	**Mailing Address:**
777 BRICKELL AVE	777 BRICKELL AVE
STE 500-39	STE 500-39
MIAMI, FL 33131	MIAMI, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

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

BLUEMAX PARTNERS CORP
Name

777 BRICKELL AVE STE 500-39
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33131
City State Zip

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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB -4 AM 11:58

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 [illegible] BRICKELL AVE STE [illegible] MIAMI FL 33131
MGR , AMBR	FERNANDO LUND [illegible] 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 be listed 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 signee

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)