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To:

Division of Corporations

Fax Number : (850)617-6381

Email Address:

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102 Phone : (954)998-1035 Fax Number : (954)573-1480

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

	FLORIDA LIMITED LIABILITY CO. MASTER GLOBAL SERVICES LLC		
	Certificate of Status	1	
- 1/8/	Certified Copy	0	
	Page Count	01	
	Estimated Charge	\$130.00	

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COVER LETTER

TO:	New Filing Section Division of Corporations				
SUBJE	MASTER GLOBAL SER	VICES LLC			
3000		Name of Limited Lia	oility Company		
The enc	losed Articles of Organization a	nd fee(s) are submitt	ed for filing.		
Please re	etum all correspondence concer	ning this matter to th	e following:		
	FABER LEANDRO VALE	INCIA LEMOS			
		Name	of Person	. 2.	جہ
	MASTER GLOBAL SERV	ICES LLC		:-	2021 OCT 11
		Firm/	Company	3	
	1601 SOUTHWEST 14TH	STREET		Car Va Tu	
		Ac	ldress	 .	H
	MIAMI FL 33145				ر ۲۰
		City/State	and Zip Code	······································	
	fabervalencia l@gmail.com				
	E-mail address:	(to be used for futur	e annual report notificat	ion)	
For furthe	er information concerning this m	atter, please call:			
	FABER VALENCIA	786 at (992-1144		
	Name of Person	Area Code	Daytime Telephon	e Number	
Enclose	d is a check for the following an	nount:			
□\$125	.00 Filing Fee = \$130.00 F Certificate o	f Status Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address		
	New Filing Section Division of Corporati	OBS	New Filing Section D. The Centre of Tallah		
	P.O. Box 6327 Tallahassee, FL 3231		2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite \$10	

Fax

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	FABER LEANDRO VALENCIA LEMOS
	1601 SOUTHWEST 14TH STREET MIAMI FL 33145
	74374374112 33 1 7
Tective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 96 not meet the applicable statutory filing requirements, this date will no nent of State's records.
REQUIRED SIGNATURE:	
inter or easing (See), add	- (.) (.) (.) (.)
Signature of	a member or an authorized representative of a member. secuted 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
I am aware that any constitutes a third d	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
I am aware that any	false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.

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)

2021 OCT 11 AM 9: 20

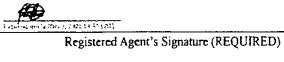
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MASTER GLOB	BAL SERVICES LLC	
(Must o	contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
•	et address of the principal office of the	Limited Liability Company is: Mulling Address:
1601 SOUTHWI	EST 14TH STREET	
MIAMI FL 3314	-5	

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

FARER LEANDR	O VALENCIA LEMO	O <u>S</u>
	Name	
1601 SOUTHWES	ST 14TH STREET	
Florida street addr	ress (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33145
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 605, F.S..



(CONTINUED)

