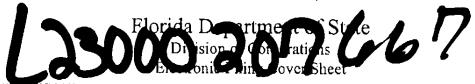
4/26/23, 3:56 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000156309 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:\_

# FLORIDA LIMITED LIABILITY CO. GLOBOCURIO LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

From: Yanet Avila

# \*Articles of Organization

2023-04-26 20:18:48 GMT

State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla.

## Article I - NAME

The name of the Limited Liability Company is as follows: GLOBOCURIO LLC

#### Article II - TYPE

The entity being formed is a Limited Liability Company.

#### Article III - ADDRESS

The street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

6709 VIA REGINA BOCA RATON, FL 33433

The mailing address for the limited liability company are the same.

## Article IV - REGISTERED AGENT INFORMATION

The name and address of the registered agent are as follows:

Shaban Malik

5300 W HILLSBORO BLVD Suite 218 COCONUT CREEK, FL 33073

The street address and the mailing address of the registered agent are the same.

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, To.

Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.

2023-04-26 20:18:48 GMT

Aut Mi Signature of Registered Agent

#### Article V - STRUCTURE

This limited liability will have the following members and be member-managed:

SEDA ZEHRA CALIKKOCAOGLU

BOCA RATON, FL 33433

Member-Manager

6709 VIA REGINA

# Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

EXECUTION

Signature of organizer:

Sup Me

Printed name of organizer:

SHABAN MALIK

Title of organizer:

CPA

To

Statement of signatory:

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.