

L23 000 418 380

\_\_\_\_\_  
(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:

Office Use Only



900431687329

06/21/24--01039--001 \*\*25.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global Discovery Solutions LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRYNA Corrigan

Name of Person

Global Discovery Solutions LLC

Firm/Company

450 Alton Rd., Apt 604

Address

Miami Beach, FL 33139

City/State and Zip Code

irynanyc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRYNA Corrigan

Name of Person

at (917) 837-6761

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## Global Discovery Solutions LLC

**If Changing Registered Agent, Signature of New Registered Agent**

✓ If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
AMBR CEO President Sole MBR	Iryna Corrigan	450 Alton Rd., Apt 604	<input type="checkbox"/> Remove
	(replace Iryna Voronov with Iryna Corrigan due to marriage / see docs attached)	Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

11 / 9

just amending the name of the only member

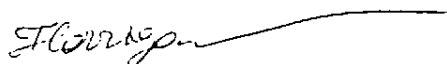
E. Effective date, if other than the date of filing: 4 / 9 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 18 2024



Signature of a member or authorized representative of a member

Iryna Corrigan

Typed or printed name of signee

 IRS DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

GLOBAL DISCOVERY SOLUTIONS  
IRYNA VORONOV SOLE MBR *change to*  
450 ALTON RD APT 604  
MIAMI BEACH, FL 33139 *Iryna*  
*Corrigan*

Date of this notice: 09-12-2023

Employer Identification Number:  
93-3357210

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-3357210. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.
- Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is GLOB. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999999

Your Telephone Number      Best Time to Call  
(       )                      -

DATE OF THIS NOTICE: 09-12-2023  
EMPLOYER IDENTIFICATION NUMBER: 93-3357210  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

GLOBAL DISCOVERY SOLUTIONS  
IRYNA VORONOV SOLE MBR  
450 ALTON RD APT 604  
MIAMI BEACH, FL 33139

## Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD  
TYPE IN UPPER CASE  
USE BLACK INKThis license not valid unless seal of Clerk  
Circuit or County Court, appears thereon

2023-018911

APPLICATION NUMBER

## Official Record

Date: OCT 16 2023

Rec#: 389508

(STATE FILE NUMBER)

DUPLICATE

STATE OF FLORIDA, COUNTY OF MIAMI-DADE  
The Seal of the Clerk of the County Court of the  
County of Miami-Dade, Florida, is hereby placed on this  
document at the office of the Clerk of the County Court of the  
County of Miami-Dade, Florida, on OCT 16 2023.

Deputy Clerk



## APPLICATION TO MARRY

1a NAME OF SPOUSE (First Middle Last) JOHN MARTIN CORRIGAN		1b MAIDEN SURNAME (if applicable)	2 DATE OF BIRTH (Month, Day, Year) SEP-10-1982
3a RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH	3b COUNTY MIAMI-DADE	3c STATE FLORIDA	4 BIRTHPLACE (State or Foreign Country) ILLINOIS
5a NAME OF SPOUSE (First Middle Last) IRYNA (NINA) VORONOV		5b MAIDEN SURNAME (if applicable) GUY	5 DATE OF BIRTH (Month, Day, Year) AUG-21-1984
7a RESIDENCE - CITY, TOWN, OR LOCATION MIAMI BEACH	7b COUNTY MIAMI-DADE	7c STATE FLORIDA	8 BIRTHPLACE (State or Foreign Country) UKRAINE

WE, THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO  
LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 SIGNATURE OF SPOUSE (Sign full name using black ink) ▶ <i>John Martin Corrigan</i>	10 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT-06-2023
11 TITLE OF OFFICIAL DEPUTY CLERK	12 SIGNATURE OF OFFICIAL (Use black ink) ▶ <i>John F. Keivill</i>
13 SIGNATURE OF SPOUSE (Sign full name using black ink) ▶ <i>Iryna Voronov</i>	14 SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT-06-2023
15 TITLE OF OFFICIAL DEPUTY CLERK	16 SIGNATURE OF OFFICIAL (Use black ink) ▶ <i>John F. Keivill</i>

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE  
STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE  
THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED OCT-06-2023	19a. DATE LICENSE EFFECTIVE OCT-09-2023	19. EXPIRATION DATE DEC-04-2023
20a. SIGNATURE OF COURT CLERK OR JUDGE ▶ <i>John F. Keivill</i>		20b. TITLE CLERK OF COURT AND COMPTROLLER	20c. BY DC GVG

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 10/09/2023	22. CITY, TOWN, OR LOCATION OF MARRIAGE Miami Beach
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Black ink) ▶ <i>John F. Keivill</i>	23c. ADDRESS (of person performing ceremony) 5146 Palisade Lane NW Washington DC 20016
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) John F. Keivill Minister Universal Life Church Ministries	24. SIGNATURE OF WITNESS TO CEREMONY ▶
	25. SIGNATURE OF WITNESS TO CEREMONY ▶

## INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NO. [REDACTED]	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28 THEN COMPLETE ITEMS 29a, 29b, and 29c 29a. NO. OF THIS MARRIAGE 1	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment)	29c. DATE LAST MARRIAGE ENDED
30. SOCIAL SECURITY NO. [REDACTED]	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32 THEN COMPLETE ITEMS 33a, 33b, and 33c 33a. NO. OF THIS MARRIAGE 2	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	33c. DATE LAST MARRIAGE ENDED APR-23-2019