

218082 000024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

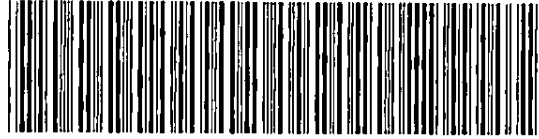
(Business Entity Name)

(Document Number)

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2024 MAY 17 AM 9:47

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAY 17 AM 9:06

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: GLOBAL PETROLANES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CARLOS ADRIAN DEL VALLE

Name of Person

CARLOS ADRIAN DEL VALLE

Firm/Company

801 SOUTH MIAMI AVENUE #4302

Address

MIAMI FLORIDA 33130

City/State and Zip Code

Fernando@globalpetrolanes.com

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

For further information concerning this matter, please call:

CARLOS ADRIAN DEL VALLE 305 988-4502

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Certificate of Status & Certified Copy (additional copy is enclosed)

FILED
 2024 MAY 17 AM 9:49
 STATE OF FLORIDA
 TALLAHASSEE, FL

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLOBAL PETROLANES 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 is:

Principal Office Address:

Mailing Address:

801 SOUTH MIAMI AVENUE #4302
MIAMI FLORIDA 33130

801 SOUTH MIAMI AVENUE #4302
MIAMI FLORIDA 33130

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

(The 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:

CARLOS ADRIAN DEL VALLE

Name

801 SOUTH MIAMI AVENUE #4302

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

33130

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.

DocuSigned by:

CARLOS ADRIAN DEL VALLE

D1:13185CFE54E8

Registered Agent's Signature (REQUIRED)

2024 MAY 7 AM 9:47
STATE OF FLORIDA
TALLAHASSEE, FL

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(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CARLOS ADRIAN DEL VALLE
801 SOUTH MIAMI AVENUE #4302
MIAMI FLORIDA 33130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05-17-24. (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 listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE DocuSigned by:

CARLOS ADRIAN DEL VALLE

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.

CARLOS ADRIAN DEL VALLE

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)

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MAY 17 AM 9:47
DEPARTMENT OF STATE
TALLAHASSEE, FL