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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #/	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(0	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

ro;	Registration Section Division of Corporations	
	Global Office Solutions 11 C	

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

. Please return all correspondence concerning this matter to the following:

Brad Coffman			
	Name of Person	 	
Global Office So	olutions		
	Firm/Company		
P.O Box 450458	3		
	Address		
Sunrise, FL 333	45	.	
	City/State and Zip Code	205	
Brad@Gosatlan	ta.com	5 MAR	T
E-mail address:	(to be used for future annual report notification)	255 255 2-6	STITUTE OF THE PERSON NAMED IN
For further information concerning this matter, pleas	e call:	1.21	Barriera S
Brad Coffman	_{at} 809 409-4017	PH 3: 0	
Name of Contact Person	Area Code Daytime Telephone		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida Liability Company," "L.L.C," or "LLC.")	. The alternate name must include "Limited
2. Georgia 3. 45-126461	13
	number, if applicable)
4	
(Date first transacted business in Florida, if prior to registratio (See sections 605.0904 & 605.0905, F.S. to determine penalty lia	n.) ability)
11531 NW 27th Court	
Plantation, FI 33323	·
(Street Address of Principal Office)	
_{5.} P.O Box 450458	
Sunrise, Fl 33345	5
(Mailing Address)	70
7. The name, title or capacity and address of the person(s) who has/have a	uthority to manage is/are:
Brad Coffman	
	931 u 1
Owner	(a)
11531 NW 27th Court Plantation, FL 333	23
3. Attached is an original certificate of existence, no more than 90 days old, naving custody of records in the jurisdiction under the law of which it is org	
acceptable. If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language.	
must be submitted)	
get off	
Signature of an authorized person	

Brad Coffman

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

 The name of the Limited Liability Company

Global Office Solutions, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Brad Coffman (Name) 11531 NW 27th Court Florida Street Address (P.O. Box NOT ACCEPTABLE) Sunrise 133323 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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: March 30, 2011 JURISDICTION

: 11025653 : Georgia

PRINT DATE

: February 18, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> GLOBAL OFFICE SOLUTIONS, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B: 1.h

Brian P. Kemp Secretary of State