MIGCOTTECHI

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	cument Number)	
(30	ouo.,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE

WZI DEC 17 PH 3: 55

Maria Carantal Carant

DEC 20 2021

I ALBRITTON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 50.00

ORDER DATE: December 17, 2021

ORDER TIME : 1:35 PM

ORDER NO. : 337402-010

CUSTOMER NO: 7531940

ARTICLES OF MERGER

ATIX LABS LLC

INTO

GLOBANT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Globant, LLC							
30343611	Name of Surviving Party						
The enclosed Certificate of Merger and fee(s) are submitted for filing.							
Please return all correspondence concerning th	is matter to:						
Michael Vaughn							
Contact Person							
Taylor English Duma LLP							
Firm/Company							
1600 Parkwood Circle, suite	200						
Address							
Atlanta, Georgia 30339							
City, State and Zip Cod	ie						
mvaughn@taylorenglish.cor	n						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter,	please cali:						
Michael Vaughn	_at (949)697-2678						
Name of Contact Person	Area Code Daytime Telephone Number						
Certified copy (optional) \$30.00							
STREET ADDRESS:	MAILING ADDRESS:						
Amendment Section	Amendment Section						
Division of Corporations	Division of Corporations						
Clifton Building	P. O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314						

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

EFFECTIVE DATE

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

Name

| Second: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

| Name | Surviving party are as follows: | Second: The exact name, form/entity type, and jurisdiction of the surviving party are as follows: | Name | Surviving party are as follows: | Second: The exact name, form/entity type, and jurisdiction of the surviving party are as follows: | Second: The exact name | Secon

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOUR	RTH: Please check one of the t	oxes that a	apply to surviving e	ntity: (if applicable)						
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.									
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.									
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.									
	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:									
	-	<u> </u>				-				
SIXTE days af	L: This entity agrees to pay any in 1006 and 605.1061-605.1072, F L: If other than the date of filing ther the date this document is file	.S. g, the delayed by the Fl	red effective date of lorida Department o	the merger, which cannot f State:						
12.0	1 am Eastern Time	on Ja	nuary 1, 202	22		_				
Note: 1 as the d	If the date inserted in this block ocument's effective date on the	does not m	neet the applicable s	tatutory filing requiremen	ts, this date will n	ot be listed				
	ITH: Signature(s) for Each Par		0. 51000143	•						
Name of Entity/Organization: GLOBANT, LLC		.,.	Signature(s):		Typed or Printed Name of Individual:					
					Néstor Augusto Nocetti					
<u> ATIX</u>	(LABS LLC		Attou	t N	léstor Augusto	Nocetti				
										
Согрога	tions:		n, Vice Chairman, P							
(If no directors selected, signature of incorporator.) General partnerships: Signature of a general partner or authorized person										
	eneral partnerships: Signature of a general partner or authorized person orida Limited Partnerships: Signatures of all general partners									
	orida Limited Partnerships: Signature of a general partner									
Limited	Liability Companies:		of an authorized pe							
Fees:	For each Limited Liability Company: \$25.00 For each Corporation: \$35.00									
	For each Limited Partnership:		\$52.50	For each General Partnership:		\$25.00				
	For each Other Business Entity:		\$25.00	Certified Copy (optic		\$30.00				