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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	GLOBAL MARKE	ET LINK, LLC			
SOBJECT.		Name of	Limited Liability	Company	
The enclosed Existence, ar	d "Application by Fo	reign Limited Liability Comed to register the above reference	ipany for Authoriz renced foreign lim	ation to Transact Business in Fited liability company to transa	lorida," Certificate of et business in Florida.
Please return	all correspondence	concerning this matter to the	following:		
	YOSLANY D	UQUE			
	·	N	lame of Person		
	GLOBAL MA	RKET LINK, LLC			
		F	irm/Company		-
	11555 HERON	NBAY BLVD			
			Address		
	CORAL SPRI	NGS,·FL 33076			
		City/S	State and Zip Code	;	
	YDUQUE@GL	OBALMARKET.LINK			
	 	E-mail address: (to be use	d for future annua	l report notification)	 _
For further in	formation concerning	g this matter, please call:		7	~3
YO	SLANY DUQUE		954 at (_	299-8466	
	Name o	of Contact Person	Arca Code	Daytime Telephone Nui	mber
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filin 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:

Of name unavailable, enter alternate 2. SOUTH CAROLINA (Jurisdiction under the law of w	same adopted for the ourpose of transacting business in Fl		
SOUTH CAROLINA		orids. The alternate name mass include at factors at	117. 0
(Jurisdiction under the law of v		3. 81-3737215	rability Company," "L.U.C." or "LI.C.")
	nich foreign limited liability company is organized)		mber, if applicable)
.			
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	
11555 HERON BAY			
(Street Address of		6. 11555 HERON BAY BL	
CORAL SPRINGS, F	_ 33076	CORAL SPRINGS, FL 33	
. Name and street addres	ss of Florida registered agent: (P.O. Box REGISTERED AGENTS INC.	NOT acceptable)	
Office Address:	3030 N. ROCKY POINT DR., SUITE		
omeo Madress.			
	TAMPA	Florida 33607	
	/Cimi	, Piorida	
laving been named as re esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent.	s registered agent and agree to act	l liability company at the pla
laving been named as re esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent.	process for the above stated limited s registered agent and agree to act and complete performance of my	l liability company at the pla
laving been named as re esignated in this applica comply with the provisi nd accept the obligation:	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as tions of all statutes relative to the proper tion of my position as registered agent. (Registered agent's a	process for the above stated limited s registered agent and agree to act and complete performance of my signature)	l liability company at the pla
laving been named as reesignated in this applicate occupily with the provising accept the obligation:	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent.	process for the above stated limited s registered agent and agree to act and complete performance of my signature)	I liability company at the pla in this capacity. I further a duties, and I am familiar wi
laving been named as reesignated in this applicate comply with the provising accept the obligation. The name, title or capa	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position as registered agent. (Registered agent's of city and address of the person(s) who ha	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	l liability company at the pla
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Having been named as relesignated in this applicate ocomply with the provisional accept the obligations. 3. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of ption, I hereby accept the appointment at ons of all statutes relative to the proper of my position as registered agent. (Registered agent's accity and address of the person(s) who han Name and Address: ROBERT A. ESPAILLAT 33 GRAND VIEW TERR CHESTER, NY 10918	process for the above stated limited is registered agent and agree to act and complete performance of my signature)	I liability company at the plant in this capacity. I further duties, and I am familiar w

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

GLOBAL MARKET LINK, LLC.

a limited liability company duly organized under the laws of the State of South Carolina on August 26th, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 5th day of September, 2017.

Mark Hammond, Secretary of State