## M18 000 003951

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





700312090527

04/24/18--01022--023 \*\*130.00

2016 APR 24 PH 2: OU SECRETANT OF STAIL FALLAHASSEE, FLORIOL

AFR 25 2018 J SHIVERS

## COVER LETTER

TO: Registration Section

ECT:		Name of	Limited Liability Co	ompany	
					ansact Business in Florida," Certific y company to transact business in F
return	all correspondence co	oncerning this matter to the	e following:		
	Rebecca Stewar	d			
			Same of Person		
	Global Resolution	on Group, LLC			
		F	Firm'Company		
	455 Commerce	Dr Suite 4			
			Address		
	Amherst, NY 1-	1228			
	<del></del>	City/	State and Zip Code		
	John@globalrg.co	om .			
		E-mail address: (to be use	ed for future annual i	report not	tification)
rther ir	iformation concerning	this matter, please call:			
Ret	oecca Steward		716 at (	- <del>263</del> =तिरी	334.6708
	Name of	Contact Person	Area Code	Day	rtime Telephone Number
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building secutive Center Circle see, FL 32301
	check for the followi 125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee &	□ \$155.00 Filing	Fee &	☐ \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

(.vame or ruleign	Limited Liability Company; must include "Limite	ed Lambalia	Company " " I C " as "II C ")	<del></del>
	t, imited t, radiity Company; must include timite	CI 1,1801111	y Company, E.E.C. or E.C. )	
	ame adopted for the purpose of transacting business in Flo	onda The a	Iternate name must include "Lunded Liab	ulity Company." "L.L.C." or "LLC.")
New York		3	81-3771519	
	nich foreign firmited liability emmpany is organized)	٠.	(FEI numb	rr of applicable)
Upon Registration				
	(Date first transacted business in Florida, if prior to (See sections 605 09/14 & 605 0903; F.S. to determ	registration	n.) habdisy)	
455 Commerce Dr Sui	te 4	6	455 Commerce Dr Suite 4	
(Street Address of F	rincipal Office)	0.	(Mailing Addr	ess)
Amherst, NY 14228			Amherst, NY 14228	
Name and street address Name:	s of Florida registered agent: (P.O. Box National Registered Agents, Inc.	NOT.	acceptable)	
Office Address:	1200 South Pine Island Road			
	Plantation		. Florida 33324	
	(Ciny)		(Zip code	<del></del>
comply with the provisi	ions of all statutes relative to the proper		ered agent and agree to act implete performance of my o	
comply with the provisi				in this capacity. I further
comply with the provisi	ions of all statutes relative to the proper	and co		in this capacity. I further
comply with the provising accept the obligation.	ions of all statutes relative to the propers of my position as registered agent.  (Registered agent's	cand co	emplete performance of my t	in this capacity. I further
comply with the provising accept the obligation.	ions of all statutes relative to the proper s of my position as registered agent.	signature)	emplete performance of my t	in this capacity. I further
comply with the provising accept the obligation.  The name, title or capa	ions of all statutes relative to the propers of my position as registered agent.  (Registered agent's active and address of the person(s) who have	signature)	authority to manage is/are:	in this capacity. I further luties, and I am familiar
comply with the provising accept the obligation.  The name, title or capa Title or Capacity:	(Registered Agent's acity and address of the person(s) who have and Address:	signature)	authority to manage is/are:	in this capacity. I further luties, and I am familiar
comply with the provising accept the obligation.  The name, title or capa Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address:  Rebecca Stward  455 Commerce Drive, Suite	signature)	authority to manage is/are:	in this capacity. I further luties, and I am familiar luties, and I am
comply with the provising accept the obligation.  The name, title or capa Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address:  Rebecca Stward  455 Commerce Drive, Suite	signature)	authority to manage is/are:	in this capacity. I further luties, and I am familiar luties, and I am
comply with the provising accept the obligation.  The name, title or capa Title or Capacity:  President	(Registered agent's edity and address of the person(s) who have and Address:  Rebecca Stward  455 Commerce Drive, Suite Amherst, NY 14228	signature)	authority to manage is/are:	in this capacity. I further luties, and I am familiar luties, and I am
comply with the provising accept the obligation.  The name, title or capa Title or Capacity:	(Registered agent's edity and address of the person(s) who have and Address:  Rebecca Stward  455 Commerce Drive, Suite Amherst, NY 14228	signature)	authority to manage is/are:	in this capacity. I further luties, and I am familiar luties, and I am
comply with the provising accept the obligation.  The name, title or capa Title or Capacity: President  Use attachments if necessary accepted to the capacity of the capacity	Rebecca Stward  455 Commerce Drive, Suite Amherst, NY 14228  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifica)	as/have	authority to manage is/are: itle or Capacity:	in this capacity. I further luties, and I am familiar luties, and I am
comply with the provising accept the obligation.  The name, title or capa Title or Capacity: President  Attached is a certificate risdiction under the law the translator must be such this document is executed.	Rebecca Stward  455 Commerce Drive, Suite Amherst, NY 14228  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifica)	as/have T  duly aute is in a	authority to manage is/are: itle or Capacity:  thenticated by the official has foreign language, a translation, Florida Statutes. I am aware	ving custody of records in on of the certificate under
comply with the provising accept the obligation.  The name, title or capa Title or Capacity: President  Attached is a certificate risdiction under the law the translator must be such this document is executed.	Rebecca Stward  455 Commerce Drive, Suite Amherst, NY 14228  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)  uted in accordance with section 605, 920	as/have T  duly aute is in a	authority to manage is/are: itle or Capacity:  thenticated by the official has foreign language, a translation, Florida Statutes. I am aware	ving custody of records in on of the certificate under
comply with the provising accept the obligation.  The name, title or capa Title or Capacity: President  Attached is a certificate risdiction under the law the translator must be such this document is executed.	Rebecca Stward  455 Commerce Drive, Suite Amherst, NY 14228  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted)  uted in accordance with section 605, 920	as/have T  duly aute is in a	authority to manage is/are: itle or Capacity:  thenticated by the official has foreign language, a translation, Florida Statutes. I am aware	ving custody of records in on of the certificate under

## State of New York Department of State } ss:

I hereby certify, that GLOBAL RESOLUTION GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/02/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of February - two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State