Manassy

| (Re | equestor's Name) | <u> </u> |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| | WAIT | MAIL |
| (Bu | isiness Entity Nai | ne) |
| (Dc | cument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| | Office Use Or | ly |
| | | |



82/28/20+-01023--004 **125.00



NAR - 7 1 - 1

COVER LETTER

TO: **Registration Section Division of Corporations**

Globetrotting Navigation, LLC

SUBJECT:

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:

| Steven Fluckige | r | | |
|---|---|-----------------------|---|
| | | Name of Person | |
| Legally Mine | | | |
| · <u>·····</u> | | Firm/Company | |
| PO Box 1629 | | | |
| | | Address | |
| Orem, UT 8405 | 9 | | |
| | City | /State and Zip Code | |
| steven.f@legallyr | nineusa.com | | |
| | | | |
| | E-mail address: (to be u | sed for future annual | report notification) |
| er information concerning Steven Fluckiger | | 800 | 375-2453 Ext. 139 |
| er information concerning Steven Fluckiger | | | |
| er information concerning Steven Fluckiger Name of MAILING ADDRESS: | this matter, please call: | 800 ai (| 375-2453 Ext. 139 Daytime Telephone Number STREET ADDRESS: |
| er information concerning Steven Fluckiger Name of MAILING ADDRESS: Division of Corporations | this matter, please call: | 800 ai (| 375-2453 Ext. 139 Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations |
| er information concerning Steven Fluckiger Name of MAILING ADDRESS: Division of Corporations Registration Section | this matter, please call: | 800 ai (| 375-2453 Ext. 139 Daytime Telephone Number <u>STREET ADDRESS</u> Division of Corporations Registration Section |
| er information concerning Steven Fluckiger Name of MAILING ADDRESS: Division of Corporations | this matter, please call: | 800 ai (| 375-2453 Ext. 139 Daytime Telephone Number <u>STREET ADDRESS:</u> Division of Corporations |
| er information concerning Steven Fluckiger Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 | this matter, please call: Contact Person | at (Area Code | 375-2453 Ext. 139 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

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

· ·

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

| Globetrotting Navigatio | on, LLC | | | | |
|---|--|---------------------|--|--------------------|-----------------|
| (Name of Foreign | Limited Ludolity Company; must include "Limit | ed Liability Con | apany,""1.4.,C.," or "1.1,C.") | | |
| (It name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Fl | onda. The alternate | e name must include "Limited Liabi | hty Company," "L I | .C." or "LLC ") |
| Alaska 2 | | | 84-4858159 3(H:1 number, it applicable) | | |
| (Jurisdiction under the law of w | high foreign limited hability company is organized) | | (EEI numbe | i, il applicable) | |
| 4 | (Date first transacted business in Horida, it prior to (See sections 605.0004 & 605.0005 F.S. to determ | | | | |
| | (See sections 605 0904 & 605 0905, F.S. to determ | me penalty habilit | y) | | |
| 505 Old Steese Hwy S 5. | ite 122 Puncipal Office) | | W. 34th Ave. #977 (Mading Addre | | |
| (Street Address of) | Principal Office) | ··· | (Mading Addre | "Z: R | |
| Fairbanks, AK 99701 | | And | chorage, AK 99503 | e An | 卫 |
| | | _ | | | |
| | | | | | |
| 7. Name and <u>street addres</u> | ss of Florida registered agent: (P.O. Bo: | x <u>NOT</u> accep | otable) | | ស៊ូ ទិ |
| Name: | Lina Vargas Abello | | <u> </u> | | |
| Office Address: | 2036 Lake Fischer Cove Lane | | | | |
| | Gotha | | 34734 Florida | | |
| | (City) | | (Zip code) | | |

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jhl____ (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

.

.

•

.

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--------------------------------------|--------------------|--------------------------------------|
| Manager | Name: Lina Vargas Abello | 🔲 Manager | Name: Virgilio Matheus Rojas |
| Member | Address: 2036 Lake Fischer Cove Lane | Member | Address: 2036 Lake Fischer Cove Lane |
| Authorized | Gotha, FL 34734 | Authorized | Gotha, FL 34734 |
| Person | | Person | |
| Other | Other | Other | Other |
| | | | |
| Manager | Name: | 🗌 Manager | Name: |
| Member | Address: | 🗋 Member | Address: |
| Authorized | | Authorized | |
| Person | | Person | |
| Other | Other | Other | Other |
| | | | |
| Manager | Name: | 🗌 Manager | Name: |
| Member | Address: | Member | Address: |
| Authorized | <u></u> | Authorized | |
| Person | | Person | |
| Other | Other | Other | Other |

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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.

| She | • |
|-----------------------------------|---|
| Signature of an authorized person | |
| Lina Vargas Abello | |

Typed or printed name of signee

Alaska Entity #10125315

State of Alaska

Department of Commerce, Community, and Economic Development Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Globetrotting Navigation, LLC

This entity was formed on February 19, 2020 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **February 25**, **2020**.

Julie anderen

Julie Anderson Commissioner