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COVER LETTER

Name of Limited Liability Company the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cereistence, and check are submitted to register the above referenced foreign limited liability company to transact business is asserted and correspondence concerning this matter to the following: Dvora Weinreb, Esq.	G	lobis SPAC LLC		
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Steretee, and check are submitted to register the above referenced foreign limited liability company to transact business is asc return all correspondence concerning this matter to the following: Dvora Weinreb, Esq.		Nan	ne of Limited Liability Company	_
Dvora Weinreb, Esq. Name of Person	e enclosed "/ istence, and (Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	," Certifica iness in Flo
Name of Person Law Offices of Dvora M. Weinreb, PA Firm/Company 20283 State Road 7, Suite 400 Address Boca Raton, FL 33498 City/State and Zip Code dvora@dwpalaw.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Dvora Weinreb 954 274-7730 Name of Contact Person Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	ase return al	correspondence concerning this matter	to the following:	
Law Offices of Dvora M. Weinreb, PA		Dvora Weinreb, Esq.		
Firm/Company 20283 State Road 7, Suite 400 Address Boca Raton, FL 33498 City/State and Zip Code dvora@dwpalaw.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Dvora Weinreb 954 274-7730 Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			Name of Person	-
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Dvora Weinreb 954 274-7730 Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Position Section Position Section Division of Corporations Position Section Division of Corporations The Centre of Tallahassee		E-mail address: (to be	e used for future annual report notification)	
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Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations The Centre of Tallahassee		Name of Contact Person		
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	Regist	ration Section		
The Control of Fallandsace	Divisi	on of Corporations		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	lallah	assee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	Enclose	ed is a check for the following amount:		

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

me unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida, The	alternate name must include "Limited Liability Co	ompany," "L.1, C," or "LL
Oclaware		,		
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	(FEI number, if app	licable)
	(Date first transacted business in Florida, if prior it (See sections 605,0904 & 605,0905, F.S. to determ	o registratio	n.)	
805 3rd Avenue		······································	805 3rd Avenue	
et Address of Principal Office)		6.		
New York, NY 10022			New York, NY 10022	
New York, NY 10022			New York, NY 10022	·
New York, NY 10022			New York, NY 10022	
New York, NY 10022			New York, NY 10022	.,
New York, NY 10022	ss of Florida registered agent: (P.O. Bo	× <u>NOT</u> :		- 1
	ss of Florida registered agent: (P.O. Box	× <u>NOT</u> :		- \
		x <u>NOT</u> :		- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box	× <u>NOT</u> :		•
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	× NOT		
Name and <u>street addre</u> Name:	ss of Florida registered agent: (P.O. Box	× NOT		

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: Paul Packer Manager □Manager Name: 7100 W. Camino Real □Member □ Member Address: Suite 302-48 □ Authorized ☐ Authorized Boca Raton, Fl. 33433 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: Address: □Member ☐ Authorized □ Authorized Person Person Other___ Other____ □Other Important Notice: 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. I 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. <u>Paul Packer</u> ud Packer (Apr.26, 2021 02 03 GMT Signature of an authorized person Paul Packer

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLOBIS SPAC LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTEENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBIS SPAC LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

3509118 8300 SR# 20211279448

Authentication: 202957287

Date: 04-13-21