

M21000008462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

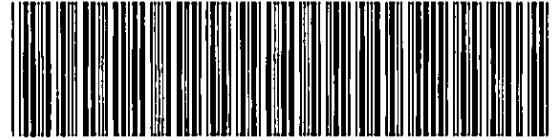
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900368853189

06/29/21--01039--012 \*\*160.00

2021 JUN 29 AM 10:47  
FILED  
CLERK OF SUPERIOR COURT  
JUL 02 2021

FILED

JUL 02 2021  
LL SOLON

# *Global Foundation Group, LLC*

PO BOX 2115 — WINDERMERE — FLORIDA — 34786

(407)217-6321 FAX: (407)617-6320 Email: GFG@earthlink.net



06/23/2021

REF: FOREIGN CORPORATION REGISTRATION

ATTN:

Registration Section

Florida Division of Corporations

P.O. BOX 6327

TALLAHASSEE, FL, 32314

To whom this may concern.

Please find enclosed corporate registration documents for Global Foundation Group, LLC  
(Nevada Registered Corporation in good standing).

Payment in the amount of \$160.00 US Dollars payable to: FLORIDA DEPARTMENT OF STATE

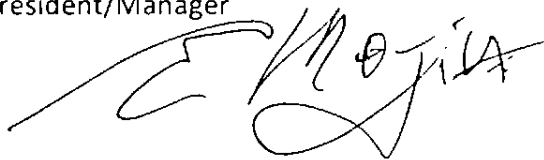
From: Edgar Mojica and Associates, Inc

If you require additional documentation or fees feel free to contact me Edgar Mojica at any of  
the numbers above or you may email me: mojicanet@earthlink.net

Sincerely; At your service I remain.

Edgar Mojica

President/Manager



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLOBAL FOUNDATION GROUP LLC  
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:

EDGAR MOJICA  
Name of Person  
GLOBAL FOUNDATION GROUP LLC  
Firm/Company  
PO Box 215  
Address  
WINDERMERE, FL, 34986  
City/State and Zip Code  
MOJICA.NET @ ERMHUNK.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR MOJICA at 407 395-3920  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee &    ☐ \$155.00 Filing Fee &    ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & 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:

1. Global Foundation Group LLC  
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEVADA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-0442208  
(FEI number, if applicable)

4. Jan. 1<sup>st</sup> 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8402 LK BURDEN CIR  
(Street Address of Principal Office)

6. PO Box 2115  
(Mailing Address)

WINDERMERE, FL, 34786

WINDERMERE, FL, 34786

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: EDGAR MORALES

Office Address: 8402 LK BURDEN CIR  
WINDERMERE, FL, 34786 Florida 34786  
(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.

C. Morales  
(Registered agent's signature)

2021 JUN 29 AM 10:47  
CLERK OF STATE  
TALLAHASSEE, FL 32399-0400

FILED

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:**

☒ Manager Name: EDUAR MONTICA

☒ Member Address: PO Box 2115

☒ Authorized WINDERMERE, FL

Person 34786

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

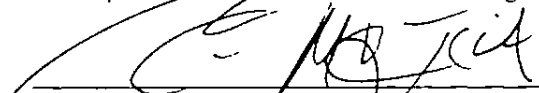
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person

EDUAR MONTICA  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2021 JUN 29 AM 10:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GLOBAL FOUNDATION GROUP LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/05/1999, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/02/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202106021720261

You may verify this certificate  
online at <http://www.nvsos.gov>