

7/1/21

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC
Account Number : I20160000033
Phone : (866)428-2030
Fax Number : (407)308-0481

2021 JUL -2 PM 4:23
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OFFICE OF THE CLERK
STATE OF FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2021 JUL -2 AM 8:12

Foreign Limited Liability Company
GLOBALFY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL -6 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBALFY, 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:

PAOLA C.

Name of Person

COMPANY COMBO, LLC

Firm/Company

2815 DIRECTORS ROW STE 100

Address

ORLANDO, FL 32809

City/State and Zip Code

DOCS@COMPANYCOMBO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA C.

866

4282030

at (_____) _____

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 &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GLOBALFY, 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. DELAWARE

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

85-2931854

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

2815 DIRECTORS ROW

5. (Street Address of Principal Office)

STE 100

ORLANDO, FL 32809

2815 DIRECTORS ROW

6. (Mailing Address)

STE 100

ORLANDO, FL 32809

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

Name: COMPANY COMBO, LLC

Office Address: 7345 W SAND LAKE RD STE 210

ORLANDO

(City)

, Florida 32819

(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.

(Registered agent's signature)

FILED
2021 JUL -2 PM 4:26
CLERK OF DISTRICT COURT
JULY 1, 2021
TALLAHASSEE, FLORIDA

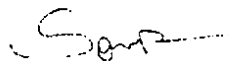
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>EVANEIDE PALATINSKY</u>	<input checked="" type="checkbox"/> Manager	Name: <u>DIEGO L. P. DE SAMPAIO</u>
<input checked="" type="checkbox"/> Member	Address: <u>8140 MISTRAL DRIVE</u>	<input checked="" type="checkbox"/> Member	Address: <u>8140 MISTRAL DRIVE</u>
<input checked="" type="checkbox"/> Authorized	<u>ORLANDO, FL 32827</u>	<input checked="" type="checkbox"/> Authorized	<u>ORLANDO, FL 32827</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

DIEGO LUIZ PEREIRA DE SAMPAIO

Typed or printed name of signer

FILED
2021 JUL -2 PM 4:20
RECORDED & INDEXED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/11/2021 BY 60322

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBALFY, 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 SEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBALFY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2020.

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

FILED
2021 JUL -2 PM 4:26
CLERK OF COURT
DELAWARE



3568251 8300

SR# 20212368380

You may verify this certificate online at co.p.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203386795

Date: 06-07-21