Division of Corporations 6/25/2021

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To:

Division of Corporations

Fax Number : (850)617-6383

Please keep original file date of 6/25/2021.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

: (614)280-3338

Phone Fax Number

Email Address:_

: (954)208-0845

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

Foreign Limited Liability Company GLOBAL ONE VENTURES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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Corporate Filing Menu

Help



From: Ranae McGri

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

2021-07-08 12:28:44 CST

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

Lucina mas ulable enter alterente m	sine adopted for the purpose of transacting business in Florida	The alternate name must melode "Limited Liability	Company," "I, L.C." or "LLC		
	the adopted to the Julyane of Hallaceting resources of Filmen				
California (Jurisdiction under the law of which foreign limited liability company is organized)		27-3337336 3. (ELI number, (l'applicable)			
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	(Ff.) number, (F	врупсавте)		
n/a					
	(Date first transacted business in Florida, if prior to regist	ration.)	_		
	(See sections 605,0991 & 605,0905, F.S. to determine po				
6125 Paseo Del Norte		6. (Mailing Address)			
treet Address of Principal Office)		(Mailing Address)			
Suite 210		Suite 210			
Carlsbad, California, 92011		Carlsbad, California, 92011			
			JUH 25		
Name and street addres	s of Florida registered agent: (P.O. Box No.	<u>T</u> acceptable)	2		
	C T Corporation System		PH 4: 33		
Name:			in F		
0.01 1.11	1200 South Pine Island Road		$\stackrel{ au}{=}\stackrel{\omega}{\circ}$		
Office Address:			•		
	Plantation	33324			

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.

Ву:	C.T. Corporation System	
	By: Terrie Bates, Asst. Secy.	

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: Ladd Mark	□Manager	Name:
□Ntember	Address: 569 Brookwood Village	□Member	Address: 569 Brookwood Village
■ Authorized	Suite 901	☐ Authorized	Suite 901
Person	Birmingham, Alabama, 35209	Person	Birmingham, Alabama, 35209
□Other	Other	■ Other President	□Other
□Manager	Name: Michael Caponetta	∏ Manager	Name: Leslie Wachman
□Member	Address: 6125 Pasco Del Norte		Address: 569 Brookwood Village
□Authorized	Suite 210	☐ Authorized	Suite 9022
Person	Carlsbad, California 92011	Person	Birmingham, Alabama, 3 5209 477
☑Other		▼ Other Vice Presid	<u> </u>
□Manager	Name:	□Manager	Name: 4
□Member	Address:	☐ Member	Address:
□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. 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.

Anguature of an untheritial person

Ladd Mark

Typed or printed name of signer

To: 18506176383 Page: 5 of 8 2021-07-08 12:28:44 CST 19542080845 From: Ranae McGra



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: GLOBAL ONE VENTURES, LLC

 File Number:
 201021110177

 Registration Date:
 07/28/2010

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of June 23, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

CALIFORNIA CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 24, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: RM5PQ5R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebiztile.sos.ca.gov/certification/index.