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Division of Corporations

M21000013672

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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SECRETARY OF STATE
TALLAHASSEE, FL

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Foreign Limited Liability Company
Global Association LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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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 Association LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. WYOMING

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

3.

(FBI number, if applicable)

4.

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

5.

(Street Address of Principal Office)

5601 West Side Avenue, 2nd Floor

North Bergen, NJ, 07047

6.

(Mailing Address)

5601 West Side Avenue, 2nd Floor

North Bergen, NJ, 07047

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

Name

LEGALINC CORPORATE SERVICES INC.

Office Address

5237 SUMMERLIN COMMONS BLVD STE 400

FORT MYERS

(City)

Florida

33907

(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)

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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: N Family Trust
☐ Member Address: _____
☐ Authorized 5601 West Side Avenue, 2nd Floor
Person North Bergen, NJ, 07047
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: H Family Trust
☒ Member Address: _____
☐ Authorized 5601 West Side Avenue, 2nd Floor
Person North Bergen, NJ, 07047
☐ Other _____ ☐ Other _____

☒ Manager Name: D Family Trust
☐ Member Address: _____
☐ Authorized 5601 West Side Avenue, 2nd Floor
Person North Bergen, NJ, 07047
☐ Other _____ ☐ Other _____

☒ Manager Name: J Family Trust
☐ Member Address: _____
☐ Authorized 5601 West Side Avenue, 2nd Floor
Person North Bergen, NJ, 07047
☐ 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.

David Hoffman
Signature of an authorized person

David Hoffman

Typed or printed name of signer

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STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Global Association LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on December 14, 2007, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2007-000547424.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of October, 2021 at 9:52 AM. This certificate is assigned ID Number 047445634.



Edward A. Buchanan
Secretary of State

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