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(Address)

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(City/State/Zip/Phone #)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Global Awareness Consulting LLC.
SUBJECT: _____
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:

Jacqueline Fonseca de Abreu

Name of Person

Global Awareness Consulting LLC.

Firm Company

1200 West Avenue, Apartment 724

Address

Miami Beach, FL 33139

City, State and Zip Code

globalawarenessconsulting@gmail.com

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

For further information concerning this matter, please call:

Jacqueline Fonseca de Abreu	309	269-6345
_____ Name of Contact Person	at (_____) _____ 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 604.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Global Awareness Consulting L.L.C.

(Name of Foreign Limited Liability Company; does not include "Limited Liability Company," "L.L.C.," or "LLC.")

Global Awareness Training & Consulting L.L.C.

(If more than one name, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name does not include "Limited Liability Company," "L.L.C.," or "LLC.")

2. None

3. (Check box(es) under the law in which foreign limited liability company is organized)

4. (If U.S. member, if applicable)

5. (One for each intended business in Florida; if none to be registered,
(For sections 605.02(1) & 605.02(2), F.S., to determine penalty liability)

8. Wilkwood Trail

1300 West Avenue, Apartment 724

9. (Street Address of Principal Office)

6. (Mailing Address)

Benardorf, IA

Miami Beach, FL

52722

33139

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

Jacqueline Fonseca de Abreu

Name:

1300 West Avenue, Apt. 724

Office Address:

Miami Beach, FL

33139

Florida

(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.

Jacqueline de Abreu
(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FL

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>Jacqueline Fonseca de Abreu</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1300 West Avenue, Apt. 724</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Miami Beach, FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>33139</u>	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 indexed 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.317.155, F.S.

Jacqueline Fonseca de Abreu
Signature of an authorized person

Jacqueline Fonseca de Abreu

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 3/30/2022

Name: GLOBAL AWARENESS CONSULTING, L.L.C. (489DLC - 407934)

Date of Incorporation: 12/3/2010

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: **CS242960**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate". The signature is stylized with a large, flowing "P" and "D".

Paul D. Pate, Iowa Secretary of State

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Certificate Validation

The following certificate was issued by the Iowa Secretary of State
Certificate ID: CS242960

Issue Date: 3/30/2022

Name: GLOBAL AWARENESS CONSULTING, L.L.C. (489DLC - 407934)

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- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

A handwritten signature in black ink that reads "Paul D. Pate". The signature is stylized with a large, flowing "P" and "P" at the end.

Paul D. Pate, Iowa Secretary of State