

M2300005554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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03/24/23--01006--002 **87.50

05/01/23--01007--020 **72.50

FILED
2023 APR 25 AM 8:25
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

S. FRANKLIN

MAY 1 - 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOBAL LIFE AND BUSINESS SOLUTIONS 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:

ROBERT G. BLICKENSTAFF
Name of Person

GLOBAL LIFE AND BUSINESS SOLUTIONS LLC.
Firm/Company

266 S.W. CABANA POINT CIRCLE STUART FL 34994
Address

STUART, FLORIDA 34994
City/State and Zip Code

ROBERT.BLICKENSTAFF@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BLICKENSTAFF at (772) 834-4152
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GLOBAL LIFE AND BUSINESS SOLUTIONS 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. 45-2075638
(FEI number, if applicable)

4. NO TRANSACTIONS YET
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 266 S.W. CABANA POINT CIRCLE
(Street Address of Principal Office)

6. 266 S.W. CABANA POINT CIRCLE
(Mailing Address)

STUART, FLORIDA 34994

STUART, FLORIDA 34994

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

Name: ROBERT G. BLICKENSTAFF

Office Address: 266 S.W. CABANA POINT CIRCLE

STUART, Florida 34994
(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.

[Signature] 4/18/2023
(Registered agent's signature)

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 type="checkbox"/> Manager	Name:	ROBERT G. BLICKENSTAFF		<input type="checkbox"/> Manager	Name:	Amy L. BLICKENSTAFF	
<input type="checkbox"/> Member	Address:	266 SW. CASABA POINT CIRCLE		<input type="checkbox"/> Member	Address:	266 SW. CASABA POINT CIRCLE	
<input type="checkbox"/> Authorized		STUART, FLORIDA 34994		<input type="checkbox"/> Authorized		STUART, FLORIDA 34994	
Person				Person			
<input checked="" type="checkbox"/> Other	MG RM	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	MG RM	<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	

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2023 APR 25 AM 8:25
TALLAHASSEE, FL

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

ROBERT G. BLICKENSTAFF

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, 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 LIFE AND BUSINESS SOLUTIONS 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 **04/25/2011**, and is in good standing in this state.

I further certify that the above **DOMESTIC LIMITED-LIABILITY COMPANY (86)** has formation document and no amendments on file in this office as of the date of this certificate.

2023 APR 25 AM 8:25

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on **01/20/2023**.

FV Aguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: **B202301203324183**
You may verify this certificate
online at <http://www.nvsos.gov>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2023

ROBERT G BLICKENSTAFF
266 SW CABANA POINT CIRCLE
STUART, FL 34994 US

SUBJECT: GLOBAL LIFE AND BUSINESS SOLUTIONS LLC
Ref. Number: W23000050888

We have received your document for GLOBAL LIFE AND BUSINESS SOLUTIONS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

COMPLETED
ATTACHED

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

COMPLETED
ATTACHED

There is a balance due of \$72.50. → CHECK # 118 ATTACHED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 123A00008181

RECEIVED

APR 25 2023