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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECONDARY OF STATE

RECEIVED 2029 JUN 21 AM 18: 38

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/20/2023		~WALK IN~
ENTITY NAME GIA EF	101, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
	Plain Copy	
XXXXXX	Certified Copy	
	Certificate of Status	
/	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	70N	
NUMBER OF CERTIFICA	TES REQUESTED	<u> </u>
TOTAL OWED \$155	ACCOUNT #: I2016000007	2
	S 8 7/10	
Please call Tina at th	be above number for any issues or concerns. Thank you so	much!

COVERLETTER

Registration Section Division of Corporations

TO:

	Name of Limited Liability Company
The enclosed "Application by For Existence, and check are submitted	reign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence c	oncerning this matter to the following:
	Camilo Salomon
-	Name of Person
	Global Impact Assets, LLC
	Firm Company
	1221 Brickell Ave., Suite 900
	Address
	Miami, FL 33131
	City/State and Zip Code
	Camilo.salomon@giacorporate.com
	E-mail address: (to be used for future annual report notification)
or further information concerning	this matter, please call;
Santiago Name of	J_Rendon at (305) 5225-8160 Contact Person April Code 18
Mailing Address: Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303
Enclosed is a check for the Please make check payable S125.00 Filing Fee	following amount: to: FLORIDA DEPARTMENT OF STATE \$130,00 Filing Fee & \$\sum \\$5155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY.

### Common one shallow, once alternate name alonged no me purpose of processing because in a order 12 contents name must reclude "Lancar Lichticy Company," if 1 C "or 911 1 2 2. Delaware	r-vame of notein	in Lumited Liability Company, must include "Limited Liabil	ity Company," "L. L.C.," or "LT C.";	
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1221 Brickell Ave., Suite 900 1221 Brickell Ave., Suite 900		(Date first transacted business in Florida, it prior to registration	n;	
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Tallahassee Florida 32301 (Zaproste)	Otto . vad	to the same and		# # D
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gistered agent's acceptance:		IC IIŽ)		
MAR Deen named as registered as a second second	tistered agent's accepta	ance:		
ying been named as registered agent and to accept service of process for the above stated limited liability company at the place gnated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree omply with the provisions of all statutes relative to the proper and complete performance.	ung been named as reg unated in this analissus	istered agent and to accept service of process f	or the above stated limited liability common.	out the plant

(Registered agent's semante)
Supplies Colone 11, 1755 Serry.

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: X Manager Name: Camilo Salomon □Manager Name: ______ □ Member Address: □Member Address: \square Authorized 1221 Brickell Ave., Suite 900 □ Authorized Person Miami, FL 33131 Person COther _____ **TOther_____** Other___ _Other_____ □ Manager Name: □Manager Name: ☐ Member Address: Address: \square Member Authorized □Authorized Person Person DOther____ □Other____ ZOther____ □ Manager Name: Name: □Manager □ Member Address: □ Member Address: C 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. Nonindexed 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 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 jelony as provided for in s.817.155, F.S.

Camilo Salomon

Lyped or printed name or signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GIA EFIO1, 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 TWENTIETH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIA EFI01, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2023.

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

Authentication: 203576968

Date: 06-20-23