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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	GlobalView Strategic Advisors, LLC			
50000		e of Limited Liability Company		
The enclo Existence	osed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floridation		
Please re	turn all correspondence concerning this matter to	o the following:		
	David Scott Orner			
	 	Name of Person		
	GlobalView Group, LLC			
		Firm/Company		
	6825 Approach Road			
		Address		
	Sarasota, FL 34238			
	C	City/State and Zip Code		
	dsorner@globalviewgroup.com			
	E-mail address: (to be	e used for future annual report notification)		
For furth	er information concerning this matter, please ca	11:		
David Scott Orner		917 855-5710 at ()		
•	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Control of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street. Suite 810		
rananassee. FE 32314		Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\Begin{array}{l} \begin{array}{l} \lefts 130.00 \text{ Filing Fe} \\ \end{array} \begin{array}{l} \lefts 130.00 \text{ Filing Fe} \\ \end{array} Certificate of	re & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee. Certificate		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GlobalView Strategic A	Advisors, LLC					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability (Sompany," "L.L.C.," or "LLC.")			
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	londa. The all	ernate name must include "Limited Liability Com	pany," "L.L.C," or "L.L.C."		
Delaware 2.			61-1904514			
(Jurisdiction under the law of which foreign limited liability company is organized)			3(FEI number, 1f applicable)			
January 1, 2025						
'•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration) ine penalty lia	bility)			
777 Brickell Avenue			825 Approach Road			
). Street Address of Principal Office)		0	(Mailing Address)	·		
Suite 500-95559						
Miami, FL 33131		- S	arasota, FL 34238			
. Name and street addres	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> ac	ceptable)	3 1 3 2		
Name:	David Scott Omer			ārr 020 27		
Office Address:	6825 Approach Road			23		
	Sarasota		34238 Florida	r: 0 6		
	(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.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: David Scott Orner	■Manager	Name: Ryan Jon Orner
□Member	Address:	□Member	Address:
□Authorized		□Authorized	Suite 500-95559
Person	Sarasota, FL 34238	Person	Miami, FL 33131
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice:</u> 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

David Scott Orner

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

DELAWARE, DO HEREBY CERTIFY "GLOBALVIEW STRATEGIC ADVISORS, 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 TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBALVIEW STRATEGIC ADVISORS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2018.

THE PARTY OF THE P

Authentication: 204967632

Date: 11-25-24