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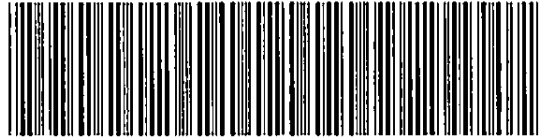
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** MISTY 6/18

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INC

1. GLOVAL INTERNATIONAL EXHIBITS INC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** GLOVAL INTERNATIONAL EXHIBITS, INC  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ROSS H. MANELLA, ESQ.  
Name (Printed or typed)

201 E. LAS OLAS BLVD., SUITE 1450  
Address

FT. LAUDERDALE, FL 33301  
City, State & Zip

954-375-1138  
Daytime Telephone number

RMANELLA@HINSHAWLAW.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: GLOVAL INTERNATIONAL EXHIBITS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1100 NW 159TH DRIVE, MIAMI, FL 33159

1100 NW 159TH DRIVE, MIAMI, FL 33159

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Lawful Purpose

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOAN J. BARRIENTOS P/D/T/S Name and Title: \_\_\_\_\_

Address 1100 NW 159th Drive Address: \_\_\_\_\_  
MIAMI, FL 33159 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: HINSHAW & CULBERTSON LLP  
Address: 201 E. LAS OLAS BLVD., SUITE 1450  
FT. LAUDERDALE, FL 33301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ROSS H. MANELLA, ESQ.  
Address: 201 E. LAS OLAS BLVD., SUITE 1450  
FT. LAUDERDALE, FL 33301

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Ross H. Manella*

\_\_\_\_\_  
Required Signature/Registered Agent

6/18/24

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

*Ross H. Manella*

\_\_\_\_\_  
Required Signature/Incorporator

6/18/24

\_\_\_\_\_  
Date