(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  • Varve CON: WIS 58363

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**S MASON** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2015

TERJE VAN SCHAIK 17355 HAMLIN BOULEVARD LOXAHATCHEE, FL 33470

SUBJECT: GSUSA LLC

Ref. Number: W15000058363

We have received your document for GSUSA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

GREENSPEED LLC IS NOT AVAILABLE EITHER.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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.

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

Letter Number: 615A00018598

#### **COVER LETTER**

TO:	Registration Section Division of Corporation	ns							
SUBJI	GSUSA LLC								
Name of Limited Liability Company									
		reign Limited Liability Com d to register the above refer							
Please	return all correspondence of	concerning this matter to the	following:						
	TERJE VAN S	CHAIK							
		N	ame of Person		· · · · · · · · · · · · · · · · · · ·				
	GSUSA LLC								
		F	irm/Company		### * ## * ## * * * * * * * * * * * * *				
	17355, HAMLIN BLVD								
			Address						
LOXAHATCHEE, FLORIDA 33470									
		City/S	state and Zip Code		·   * -   ·   ·   ·   ·   ·   ·   ·   ·   ·				
	GREENSPEED(	@COMCAST.NET							
	<del></del> .	E-mail address: (to be use	d for future annual	report no	tification)				
For fur	ther information concerning	g this matter, please call:							
	TERJE VAN SCHAIK		561 at (	561313	36445				
	Name o	f Contact Person	Area Code	Day	time Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclose	ed is a check for the follow ■ \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop				

#### '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:

(City)  (Zip code)  egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familie obligations of my position as registered agent.  (Registered agent's signature)	me unavailable, enter al lity Company," "L.L.C,"	<u> </u>						.")	
DELAWARE Ourisdiction under the law of which foreign limited liability Company is organized)  NO TRANSACTED BUSINESS IN FLORIDA TO DATE  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  17355 HAMLIN BLVD  LOXAHATCHEE, FLORIDA 33470  (Street Address of Principal Office)  LOXAHATCHEE, FLORIDA 33470  (Mailting Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  TERJE VAN SCHAIK  Office Address:  17355 HAMLIN BLVD  LOXAHATCHEE  Office Address:  17355 HAMLIN BLVD  (City)  (Zip code)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further the the provisions of all statutes relative to the proper and complete performance of my duties, and I am familie to obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		iternate name adopted for	the purpose of	transacting business	in Florida. The	alternate n	name mus	st includ	e "Limited
Ourisdiction under the law of which foreign limited liability company is organized)  NO TRANSACTED BUSINESS IN FLORIDA TO DATE  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  LOXAHATCHEE, FLORIDA 33470  (Street Address of Principal Office)  LOXAHATCHEE, FLORIDA 33470  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  TERJE VAN SCHAIK  Office Address:  17355 HAMLIN BLVD  LOXAHATCHEE  (City)  (City)  (City)  (City)  Tegistered agent's acceptance:  To process for the above stated corporation at the six application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further the provisions of all statutes relative to the proper and complete performance of my duties, and I am familie obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:				30-0877963					
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  LOXAHATCHEE, FLORIDA 33470  (Street Address of Principal Office)  LOXAHATCHEE, FLORIDA 33470  (Maifing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  17355 HAMLIN BLVD  LOXAHATCHEE  Office Address:  (City)  (City)  (City)  gistered agent's acceptance:  wing been named as registered agent and to accept service of process for the above stated corporation at the sa application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further the the provisions of all statutes relative to the proper and complete performance of my duties, and I am family obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	risdiction under the law	of which foreign limited	liability	3	(FEI number,	if applicab	ole)		<del></del>
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ERJE VAN SCHAIK, MANAGER AND MEMBER	ng been named as ret application, I hereby o the provisions of all s bligations of my posit	gistered agent and to a accept the appointmen statutes relative to the j tion as registered agen	accept service of as registered proper and cont.  (Registered	agent and agree polete performan agent's signature)	to act in this once of my duti	capacity. es, and I	I furthe	er agree	e to comp
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Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custod risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific the translator must be submitted)	ng been named as ret application, I hereby of the provisions of all s bligations of my posit the name, title or capa	gistered agent and to a accept the appointment statutes relative to the pition as registered agent city and address of the	(Registered	agent and agree polete performan agent's signature)	to act in this once of my duti	capacity. es, and I	I furthe	er agree	e to comp
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Typed or printed name of signee

TERJE VAN SCHAIK

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "GSUSA, 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 NINETEENTH DAY OF AUGUST, A.D. 2015.

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

5647888 8300

151188813

Jeffrey W. Bullock, Secretary of State

AUTHENT\(CATION: 2658288)

DATE: 08-19-15

You may verify this certificate online at corp. delaware.gov/authver.shtml

Re: GSUSA, LLC

#### To Whom It May Concern:

According to GSUSA, LLC operating agreement, the members of GSUSA, LLC, are as follows:

EmVe-EST trust

The authority, rights and duties of the members are set forth in the Company's operating agreement.

Furthermore, LegalZoom resigns as organizer for the Company effective upon the date of this letter.

Yours sincerely,

LegalZoom.com, Inc.

Cheyenne Moseley

Authorized Representative

Agreed to on:

By:

Name:

Terje van Schaik

"Representative"

State of Delaware Secretary of State Division of Corporations Delivered 12:00 PM 11/26/2014 FILED 12:00 PM 11/26/2014 SRV 141461777 - 5647888 FILE

# STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

#### GSUSA, LLC

FIRST. The name of the limited liability company is GSUSA, LLC

SECOND. The address of its registered office in the State of Delaware is 1521 Concord Pike #301, Wilmington, DE 19803, County of New Castle. The name of its Registered agent at such address is United States Corporation Agents, Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on the date below.

Date: November 25, 2014

/s/ Cheyenne Moseley
Legal/Zoom.com, Inc., Organizer
By: Cheyenne Moseley, Assistant Secretary

PAGE 1



### State of Belaware

151188813

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9339241 TERJE VAN SCHAIK 17355 HAMLIN BLVD LOXAHATCHEE 08-19-2015

FL 33470

DESCRIPTION	AMOUNT		
GSUSA, LLC 5647888 8300 Certificate in Re Short	. ••		
Certification Fee	50.00		
FILING TOTAL	50.00		
TOTAL PAYMENTS	50.00		
SERVICE REQUEST BALANCE	. 00		