MI 500 000 2357

(F	Requestor's Name)	
(F	\ddress)	
4)	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(E	Business Entity Name	e)
(C	Occument Number)	
Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section
	Division of Corporations

Gear Management Group, 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 r	natter to the following:	
Colleen Culwe	IF	
	Name of Person	
Mountain Ledg	jers	
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
214 Clearwood	d Lane	
	Address	
Sandpoint, ID	83864	
	City/State and Zip Code	
cculwell@gear	mg.com	
E-mail addres	ss: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:	
Colleen Culwell	208	, 597-4586
Name of Contact Person	Area Cod	Daytime 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 C Tallahassee, FL 32301	
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of	ing Fee & 🔲 \$155.00 Fill	<u> </u>

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:

Gear Management Group, 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 Liability Company," "L.L.C," or "LL.C.")	e alternate name must include "Limited
California 3 80-0014859	
	per, if applicable)
03/09/2015	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	y)
14139 Clubhouse Drive	
Bokeelia, FL 33922	
(Street Address of Principal Office)	
214 Clearwood Lane	
Sandpoint, ID 83864	No.
(Mailing Address)	5
7. The name, title or capacity and address of the person(s) who has/have author	ority to manage is/are:
Colleen Culwell, Director of Finance	Sign Company
	उत्तर क
3. Attached is an original certificate of existence, no more than 90 days old, dunaving custody of records in the jurisdiction under the law of which it is organise ceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	zed. (A photocopy is not
Colleen Culwell	
Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penal maware that any false information submitted in a document to the Department of State constitutes a third degree fellows.	
Colleen Culwell	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability anagement G	· · ·	
lf unavailable	e, the alternate to be used	d in the state of Florida is:	
2. The name	and the Florida street ac	ddress of the registered agent and office are:	
	Chad BeMil	ller	
		(Name)	
	14139 Club	house Drive	
	Florida St Bokeelia	treet Address (P.O. Box NOT ACCEPTABLE) FL 33922	15 HAI
liability compo registered age statutes relativ	any at the place designatent and agree to act in the ng to the proper and configations of my position a Chad Ben	City/State/Zip Int and to accept service of process for the above Ited in this certificate, I hereby accept the appoint It capacity. I further agree to comply with the inplete performance of my duties, and I am familias registered agent as provided for in Chapter 6 In S/8/15 Items of the complete	intment as provisions of all ltar with and

\$ 25.00

Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GEAR MANAGEMENT GROUP LLC

FILE NUMBER:

200201210027

FORMATION DATE:

01/04/2002

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

111:56



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 18, 2014.

DEBRA BOWEN
Secretary of State