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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLABASSEE FLORIDA

UEC 23 / 1 S. PRATHER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
		•	TT00000001

REFERENCE : 554853 7652832

AUTHORIZATION : THE SELECTION

COST LIMIT : \$ 125.00

ORDER DATE: December 20, 2018

ORDER TIME : 9:55 AM

ORDER NO. : 554853-005

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: GL MARKETING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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

(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Compai	ny," "L.L.C.," or "LLC.")			
f name unavailable, enter alternate na	une adopted for the purpose of transacting business in Flo	onda, The alternate nat	me must include "Limited Liability Company	," "L.L.C," or "LL.C.")		
Delaware 2.		83-2752371 3				
(Jurisdiction under the law of wh	ich foreign funited liability company is organized)	(FEI number, if applicable)				
Upon filing						
•	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine peaalty liability)	· -	201		
c/o Parkowski, Guerke & Swayze, P.A. (Street Address of Principal Office)		401 Pc	ennsylvania Pkwy, Suite 300	2018 DEC 21		
(Street Address of P	rincipal Office)	u	(Mailing Address)	2 2		
116 W. Water Street		(Mailing Address) Attn: Compliance Dept.		ASSEE FU		
Dover, DE 19904		Indianapolis, IN 46280				
. Name and street address	s of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptal	ble)	Lú 🗂		
Name:	Corporation Service Company					
Office Address: Tallahassee						
			32301 Florida			
	(City)		, Florida(Zip code)			

and accept the obligations of my position as registered agent. Roxanne Turner

Corporation Service Company Asst. Vice President (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are;

Name and Address:

(Use attachments if necessary)

Title or Capacity:

- 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

James D. Purvis, Manager

Typed or printed name of signor

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GL MARKETING, 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 DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GL MARKETING, LLC" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2014.

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

Authentication: 204154420

Date: 12-20-18

5529371 8300