

B160000021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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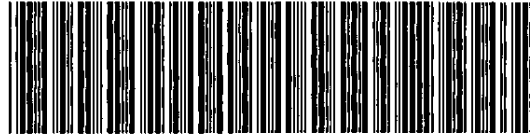
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUN 14 AM 11:36

JUN 16 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GCCDS.COM, LLP**

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Mikhael E. Keifitz, Esq

Contact Person

Firm/Company

3363 NE 163 street, suite 708

Address

North Miami Beach, FL 33160

City, State and Zip Code

info@meklegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mikhael E. Keifitz, Esq

Name of Contact Person

at (**305**) **9570005**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☒ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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STATE
SECRETARY OF
TALLAHASSEE, FL 32301
JUN 14 2011 3:36

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. GCCDS.COM, LLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware

State or Country of Formation

3. 01/27/2016

Date of Formation

4. Federal Employer Identification Number 81-1312321

5. Name of Registered Agent for Service of Process and Florida Street Address:

Mikhael E. Keifitz, Esq

3363 NE 163 Street, suite 708

North Miami Beach, FL 33160

6. 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.

Signature of Registered Agent

7. Principal Office:

1835 E. Hallandale Beach Blvd, #618

Hallandale Beach, FL 33009

8. Mailing Address:

1835 E. Hallandale Beach Blvd, #618

Hallandale Beach, FL 33009

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Sender Shamiss

Street Address: 1835 E. Hallandale Beach Blvd, #618

Hallandale Beach, FL 33009

Mailing Address: 1835 E. Hallandale Beach Blvd, #618

Hallandale Beach, FL 33009

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: Peter Carfrae

Street Address: 1835 E. Hallandale Beach Blvd, #618

Hallandale Beach, FL 33009

Mailing Address: 1835 E. Hallandale Beach Blvd, #618

Hallandale Beach, FL 33009

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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Name of General Partner: _____ Name of General Partner: _____

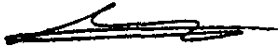
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this **Second** day of **June**, 20**16**.



Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 14 AM 11:34

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GCCDS.COM, LLP" 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 SIXTEENTH DAY OF MAY, A.D. 2016.

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SECRETARY OF STATE
TALLAHASSEE, FL
16 JUN 14 AM 11:34




Jeffrey W. Bullock, Secretary of State

5948579 8300

SR# 20163089338

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

Authentication: 202321342

Date: 05-16-16