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Account Number : I19990000242

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Fax Number

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## FLORIDA/FOREIGN LP/LLLP GLCC ASSOCIATES, L.P.

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Help

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

	n the limited parts business in Flor	nership or limited liability limited partnership proposes to re rida; must contain acceptable suffix.	gister to transact
, Pennsylvanis		3, March 27, 2006	
State or Country of	Formation	Date of Formation	
4, Federal Employer Identification N	umber: 20-453	35227	
5. Name of Registered Agent for Serv			
Stephen Mitnick			
1905 Datura Street			
Sarasota, FL 34239			<b>3</b> .
<ol> <li>I hereby accept the appointment as i of all statutes relative to the proper my position as registered agent.</li> </ol>	registered agent a and complete perf	and agree to act in this capacity. I further agree to comply we formance of my duties, and I am familiar with and accept the	ith the provisions of College
<del>v</del>	Steny	ture of Registered Agent	حرر .
7. Principal Office: c/o Stuart R. Lund	dy, Esquire	8. Mailing Address: c/o Stuart R. Lundy, Esquire	7 AM
450 N. Narberth Avenue, Suite 200		450 N. Narberth Avenue, Suite 200	. co
Narberth, PA 19072		Narberth, PA 19072	. Co
Nerberth, PA 19072		Narberth, PA 19072	
Narberth, PA 19072  9. If limited partnership is a limited	liability limited p		
9. If limited partnership is a limited 10. Name, principal office address, a	nd mailing addre	partnership, check box.	
9. If limited partnership is a limited 10. Name, principal office address, a		partnership, check box.	
9. If limited partnership is a limited 10. Name, principal office address, a Name of General Partner:	nd mailing addre	ess of each general paraner:  AD. LLC Name of General Partner:	<u>.</u>
9. If limited partnership is a limited 10. Name, principal office address, a Name of General Partner:  600 ROL Street Address: c/o Stephen Mitr 1905 Datum Street	nd mailing addre	partnership, check box.   ess of each general parsner:  AD, LLC Name of General Partner:  Street Address:	<u>.</u>
9. If limited partnership is a limited 10. Name, principal office address, a Name of General Partner:  600 ROL Street Address: c/o Stephen Mitr 1905 Datum Street	nd mailing addre UNDHOUSE ROA nick	partnership, check box.   ess of each general parsner:  AD, LLC Name of General Partner:  Street Address:	<u>.</u>
9. If limited partnership is a limited 10. Name, principal office address, a Name of General Partner:  Street Address:  c/o Stephen Mitr  1905 Datum Stre  Sarasota, FL, 342	nd mailing addre	partnership, check box.   ess of each general parsner:  AD, LLC Name of General Partner:  Street Address:	<u>.</u>
9. If limited partnership is a limited 10. Name, principal office address, a Name of General Partner:  Street Address:  c/o Stephen Mitr  1905 Datum Stre  Sarasota, FL, 342	nd mailing addre	partnership, check box.  ess of each general paraner:  AD, LLC Name of General Partner:  Street Address:  Mailing Address:	<u>.</u>
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9. If limited partnership is a limited  10. Name, principal office address, a  Name of General Partner:  600 ROL  Street Address:  c/o Stephen Mitt  1905 Datura Stre  Sarasota, FL 342  Mailing Address:  Name of General Partner:	nd mailing addre INDHOUSE ROA nick set 139	partnership, check box.   ess of each general paraner:  AD, LLC Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:	C.
9. If limited partnership is a limited  10. Name, principal office address, a  Name of General Partner:  600 ROL  Street Address:  c/o Stephen Mitt  1905 Datura Stre  Sarasota, FL 342  Mailing Address:  Name of General Partner:	nd mailing addre INDHOUSE ROA nick set 139	partnership, check box.  ess of each general pariner:  AD, LLC Name of General Pariner:  Street Address:  Mailing Address:	C.
9. If limited partnership is a limited 10. Name, principal office address, a Name of General Partner:  C/O Stephen Mitt  1905 Datura Stre  Sarasota, FL 342  Mailing Address:  Name of General Partner:  Street Address:	nd mailing addre	partnership, check box.   ess of each general paraner:  AD, LLC Name of General Partner:  Street Address:  Mailing Address:  Name of General Partner:	C.

Name of G	eneral Pariner:	Name of General Pariner:		
Street Add	ress:	Street Address:		
Mailing Ac	ddress:	Mailing Address:		
II. Effective d	tate, if other than the date of filing:	after the date this document is filed by the Flo	rida Department of State.)	
Note: If the del	te inserted in this block does not meet the fective date on the Department of State's (	applicable statutory filing requirements, this d	ate will not be listed as the	
Florida Departi the law of whic	a certificate of existence duly authentical ment of State, by the Secretary of State or thit is organized.  21 day of August	ted, not more than 90 days prior to the delivery other official having custody of the entity's re	of this application to the cords in the furisdiction under	
Signed this	day of	NDBOUSE ROAD, LLC, General Par	tner	
		The state of the s		
	Ву:	gnature of a general partner		
	Stepher Stepher	Mitnick, Manager is stated herein are true and the individual is a		
The individual submitted in a	signing this document affirms that the fac document to the Department of State con-	its stated herein are true and the individual is a stitutes a third degree felony as provided for in	s.817.155, F.S.	
	Piling Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Reg	gistered Agent Fee)	
	Certified Copy (optional):	S52.50		
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From: M. BURR KEIM CO., Fair: (215) 977-9386

To: (((H180002491843)))

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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/22/2018

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LDO HEREBY CERTIFY THAT,

GLCC ASSOCIATES, L.P.

Is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have beceunto set my hard and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180822080160-1

Vorify this certificate online at http://www.corporations.pa.gov/orders/venfy