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COVER LETTER

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TO:	Registration Section Division of Corporations					
	GSL L.P.					
SUBJ	ECT: Name of Foreign Limited Partn	ership or Limit	ed Liability L	imited Partnership		
partne	nclosed application, certificate of status and fearship to transact business in Florida. return all correspondence concerning this man	es are submitte			hip or limited liabil	ity limited
Shelle	y Dunkelberger					
	Contact Person					
Saul E	Ewing Amstein & Lehr LLP				- -	
	Firm/Company				DZO SECS	 t
701 B	rickell Avenue, 17th Floor				2020 FEB	! ;
	Address				35	معسسه ا
Miam	i, FL 33131				SEE R	171
	City, State and Zip Code				18 PHIZ: 00	
shelle	y.dunkelberger@saul.com				_gs. (2: (
E-m	ail address: (to be used for future annual repor	t notification)				ı
For fu	rther information concerning this matter, pleas	e call:			•	
Shelle	y Dunkelberger	at (,428-450	00		
	Name of Contact Person		le and Daytin	ne Telephone Number		
Enclo	sed is a check for the following amount:					
(\$	000.00 Filing Fee 965 Filing Fee and 5 Registered Agent Status 5 Status	□\$1,052.50 and Certi	Filing Fees fied Copy	■\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Divisio The Ce	ddress: ation Section in of Corporations ntre of Tallahassee . Monroe Street, Suit	te 810	

Tallahassee, FL 32303

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

1. GSJ. L.P.	
(Name of Limited Partnership or Limited Liability Acceptable Limited Partnership suffixes: Limited Partnership Acceptable Limited Liability Limited Partnership suffixes: Lin	, Limited, L.P., LP, or Ltd.
	ip or limited liability limited partnership proposes to register to transact must contain acceptable suffix.
2 Delaware	3 4/9/2010
2. Delawaye State or Country of Formation	Date of Formation
4. Federal Employer Identification Number: 37 - 1	896572
5. Name of Registered Agent for Service of Process and Flo Aviv Elbarz	2020 FEB 18
6494 Powerline Road Svite 206	
Fort Landerdali, FL 35309	Est PH CO
6. I hereby accept the appointment as registered agent and ag of all statutes relative to the proper and complete performa- my position as registered agent	ree to act in this capacity. I further agree to comply with the provisions net of my duties, and I am familiar with and accept the obligations of
Signature	of Registered Agent
7. Principal Office:	8. Mailing Address:
6400 Powerlin Road Suite 206	6499 Powerline Road Svite 206
Europe Bowerlin Road Suite 206 Fort Landerdale FL 33309	Fort Londordale, Fit 35309
9. If limited partnership is a limited liability limited partne	ership, check box.
10. Name, principal office address, and mailing address of	each general partner:
Name of General Partner: Golden Global Group	
	Street Address:
Fort Landerdale Fl 3330	۹
	Mailing Address:
Name of General Partner	
	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:

Page 1 of 2

Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's 12. Attached is a certificate of existence duly authentica Florida Department of State, by the Secretary of State of the law of which it is organized. Signed this	as after the date this document is filed by the Florida Department of State.) a applicable statutory filing requirements, this date will not be listed as the records. Attended the records of the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under the delivery of this application to the or other official having custody of the entity's records in the jurisdiction under the delivery of this application to the original having custody of the entity's records in the jurisdiction under the delivery of this application to the delivery of this application to the original having custody of the entity's records in the jurisdiction under the delivery of this application to the delivery of the delivery of this application to the delivery of this application to the delivery of this application to the delivery of the delivery of this application to the delivery of this application to the delivery of the delivery
Si	ignature of å general partner

The individual signing this document affirms 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

Page 2 of 2

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GSJ, L.P." 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GSJ, L.P." WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

PAID TO DATE.

SSEC. TO TO

Jettrey W. Butlock, Secretary of State

Authentication: 202384392

Date: 02-13-20

6836445 8300 SR# 20201103460