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S. ROBERTS SEP 26 2022

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Gay Player Entropists UC Namo of corporation - must include suffix					
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.					
Please return all correspondence concerning this matter to the	following:				
Lezlie Westaver					
Name of Person					
Firm/Company					
119 Springwater Drive Address					
· · · · · · · · · · · · · · · · · · ·					
JWHER FL 334 City/State and Zip	170				
City/State and Zip	code				
1 gwest ver Q gmail. Um					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
lezhe Westwer a (541)	W4-8998				
Name of Person Area Code	Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314				

☐ \$78.75 Filing Fee &

□ \$87.50 Filing Fee,

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$70.00 Filing Fee \$78.75 Filing Fee &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) State or country under the law of which it is incorporated)

3. 85 - 4208666

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) Palisade Avenue processor Cliffs, New Histy

(Principal office stryot address)

Bluch Rd With H 33469 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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. (Registered agent's signature)

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS								
□Chairman	Name: UTIMUS INVOSSEU!	□Chairman	Name:					
□Vice Chairman	Address: 19960 S Beach Rd	□Vice Chairman	Address:					
□Director	Jupiter 1-6 50 169	□Director						
□President		□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary		□Treasurer				
XOther W///	(1 <u>A</u>) Other	Other		Other				
	Manage	□Chairman	Numer					
□ Chairman	Name:	□Vice Chairman						
	Address:			<u> </u>				
□Director		□Director						
□President	-	□President						
□ Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other	Other	Other		□Other				
		_						
□ Chairman	Name:	□ Chairman						
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director		· · · · ·				
□President		□President						
□Vice President		□Vice President						
☐ Secretary	Treasurer	□Secretary		□Treasurer				
Other	Other	□Other		□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.								
Signature of Director or Officer								
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.								
13. UMWS Thyposoft - Manager (Typed or printed name and capacity of person signing application)								
	(1 yped or printed name and capacity of person signing application)							

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "GARY PLAYER ENTERPRISES LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE FOURTH DAY OF DECEMBER,

A.D. 2020, AT 1:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GARY PLAYER ENTERPRISES LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2020.

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204358432