F23000006930

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	> #)		
_	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





500419226215

11/21/23--01033--001 +*87.56

2023 HOY 21 FH 3: 0:

COVER LETTER

4

_	stration Section of Corp					
SUBJECT:	GC1 Home	s. Inc.				
3 		Name of	corporation	- must	include suffix	
Dear Sir or M	ladam:					
"Certificate o	f Existence		Good Stan	ding`` a	nd cheek are subn	Business in Florida," nitted to register the
Please return	all correspo	andence concerning	this matter	to the f	following:	
Roman V Han	imes					
			Name of	Person		
Charpia & Har	nmes, Attor	neys at Law				
	-	-	Firm/Com	ipany		
215 W. 2nd Sc	uth Street					
			Addro	iss	.	
Summerville, S	SC 29483					
		(City/State a	nd Zip c	rode	
roman@charpi	alaw.com					
		E-mail address: (to be used f	or futur	e annual report no	otification)
For further in	formation c	concerning this matt	er, please e	all:		
Roman V Ham	imes	91	843	324-	1727	
Nam	c of Person	ut	Area Code	/ U	1727 Daytime Teleph	one Number
Regis Divis The C 2415	tration Section of Corp Tentre of T	oorations illahassee Street, Suite 810			MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FI	ction porations
	ieck payable	he following amounto: FLORIDA DEP. To: \$78.75 Filing I Certificate of S	ARTMENT Fee & □	3 \$78.7:	ATE 5 Filing Fee & Ted Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

GCI Homes, Inc.

under the law of which it is incorporated.

If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busine	ess in Florida)
South Carolina	3		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable))
11/06/2023	of incorporation) 5.		
(Date	of incorporation)	(Date of duration, if other than perp	petual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida. if prior to registration) 2. F.S., to determine penalty liability)	
יס Riverside Aי	venue, Suite 350, Jacksonville, FL 32204		
	(Principal office	street address)	
	(Current mailing a	nddress, if different)	
Name:	Roman V. Hammes Esq 135 W. Central Blvd, Suite 300	Box <u>NOT</u> acceptable)	2923 KOV 21
cc rumess.	Orlando	— 32801	P.
	(City)	Florida (Zip code)	<u>မှ</u>
المساهدة			2
ice Address: Registered age		Florida 32801 (Zip code)	ation : in thi

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:	□Chairman	Name:	
□Vice Chairman	Address: 1000 Riverside Avenue, Ste 101	□Vice Chairman		
Director	Jacksonville, F1, 32204	□ Director		
■President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other	<u>-</u>	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
□Director		□Director		
□President		□President		
□Vice President	<u> </u>	□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President	<u> </u>	
□Secretary	□Treasurer	□ Secretary		□Treasurer
Other	Other	□Other		Other
Important Notice: U individuals may be a	se an attachment to report more than six (6). The attachded to the index when filing your Florida Departme	chment will be imaged nt of State Annual Rep	for reporting pu port form.	rposes only. Non-indexed
12	Signature of Director of			
The officer or direct she is aware that fall s.817,155, F.S.	or signing this document (and who is listed in number se information submitted in a document to the Depart	11 above) affirms tha nent of State constitut	t the facts stated es a third degree	herein are true and that he or felony as provided for in
13	(Typed or printed name and capacity of perso	Picaldat		
	(Typed or printed name and capacity of perso	n signing application)		

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

GCI Homes, Inc., a corporation duly organized under the laws of the State of South Carolina on November 6th, 2023, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of November, 2023.

Mark Hammond, Secretary of State