

F24000002103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

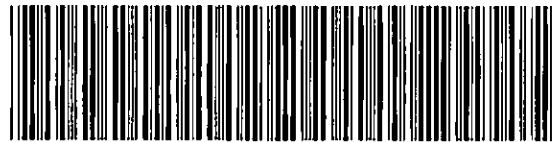
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2024 MAY - 8 AM 2:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G Properties, Inc. Name 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:

Bartv A. Habermann, Esquire

Name of Person

The Law Office of Barry Haberman

Firm/Company

51 Monroe Street-Suite 1507

Address

Rockville, Maryland 20850

City/State and Zip code

Barry@Bhabermanlaw.com

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

For further information concerning this matter, please call:

Barry Haberman

301 340-1055

Name of Person

Area Code

Daytime Telephone Number:

STREET/COURIER ADDRESS:

STREET/COURIER ADDRESS
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 33303

MAILING ADDRESS

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

Enclosed is a check for the following amount:

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

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified 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.

1. G Properties, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

G Properties Hospitality Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. District of Columbia

3.

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. May 22, 1979

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4525 N. Lake Drive, Sarasota, FL 34232

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alan Gaunoux

Office Address: 4525 N. Lake Drive

Sarasota, Florida 34232
(City) (Zip code)

ED

2024 MAR 21 2018

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.

AG

(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

<input type="checkbox"/> Chairman	Name: Alan Gaunoux	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: 4525 N. Lake Drive	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	Sarasota, FL 34232	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

12. Alan

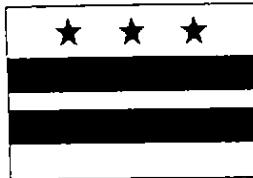
Signature of Director or Officer

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. Alan Gaunoux - President

(Typed or printed name and capacity of person signing application)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF LICENSING AND CONSUMER PROTECTION
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

G PROPERTIES, Inc.

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 12/11/2013 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 3/19/2024 10:09 AM

Business and Professional Licensing Administration



Rebecca Janovich

REBECCA JANOVICH

Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: Pliy7YRg