

Michael J. Calabrese

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

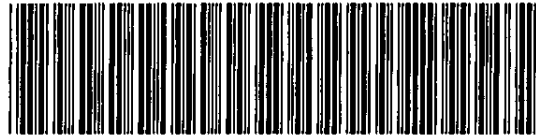
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/03/07--01008--018 **25.00

FILED
07 APR -3 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GFS Self-Performing Services, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Haley
(Name of Person)

NKFGMS LLC
(Firm/Company)

10 Sylvan Way
(Address)

Parsippany, NJ 07054
(City/State and Zip Code)

07 APR -3 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Scott Haley at (973) 898-8850
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

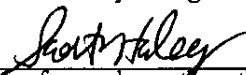
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

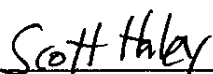
1. Name of limited liability company as it appears on the records of the Florida Department of State: GFS Self-Performing Services, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 05/12/06

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: NKFGMS Self-Performing Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member



Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

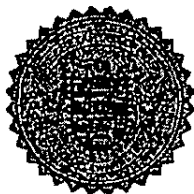
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "GFS SELF-PERFORMING SERVICES, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF MAY, A.D. 2006, AT 2:28 O'CLOCK P.M.

FILED
07 APR -3 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA



4156499 8100

060441565

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4735023

DATE: 05-10-06

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:24 PM 05/10/2006
FILED 02:28 PM 05/10/2006
SRV 060441565 - 4156499 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

- First: The name of the limited liability company is GFS Self-Performing Services, LLC
- Second: The address of its registered office in the State of Delaware is 2711
Centerville Road Suite 400 in the City of Wilmington, DE 19808. The
name of its Registered agent at such address is Corporation Service Company
- Third: (Use this paragraph only if the company is to have a specific effective date of
dissolution: "The latest date on which the limited liability company is to dissolve is
_____".)
- Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
10 day of May, 20 06.

Gale Global Facilities Services, L.L.C.
Sole Member

By: 
Authorized Person(s)

Name: Roger Thomas, EVP
Typed or Printed


07 APR 23 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: GFS Self-Performing Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended
as follows: The name of the Limited Liability Company is changed to:
NKFGMS Self-Performing Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 28th day of December, A.D. 2006.

By: 
Authorized Person(s)

Name: Scott Haley
Print or Type

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TALLAHASSEE FLORIDA