Page 1 of 1 Division of Corpe

Florida Department of State **Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000175888 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : CHECKMATE Account Number : I20030000146 : (941)922-2801 Phone

Fax Number

: (941)922-7741

FLORIDA/FOREIGN LIMITED LIABILITY CO

G-W MANAGEMENT SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/9/2007



Jul 10 07 10:05a 850-205-0381

Check Mate

941 894.0413

p.2

7/10/2007 8:19 PAGE 001/001 Florida Dept of State



July 10, 2007

FLORIDA DEPARTMENT OF STATE Division of Corporations

CHECKMATE

SUBJECT: G-W MANAGEMENT SERVICES, LLC

REF: W07000032365

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Missing the Registered Agent Designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist FAX Aud. #: H07000175888 Letter Number: 307A00043814

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: G-W MANAGEMENT SERVICES, LLC. (Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Lie	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited			
Please return all correspondence concerning this n	natter to the following:			
KIM KINTZ				
(Name of Person)				
CHECK MATE				
(Firm/Company)				
4411 BEE RIDGE ROAD #257				
(Address)				
SARASOTA, FL 34233	,			
(City/State and Zip Code)				
For further information concerning this matter, ple	ease call:			
KIM KINTZ	at (941) 366-1819			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
P.O. Box 6327 Taliahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: [7] \$125.00 Filing Fee & State of Certificate of				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SPICTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORFIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S		
1. G-W MANAGEMENT SERVICES, LLC	; .	
(Name of Foreign Limited Liability Company, must include	o "Limited Liability Company," "L.L.C.," or	"tre")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach late name. The alternate name must include "I	a copy of the writte
2 MARYLAND 3	52-2250623	A.
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	ig a s
4. JUNE 20, 2000 5.	PERPETUAL	<u> </u>
(Dute of Organization)	(Duration: Year limited liability company exist or "perpatual")	will cease to
6. UPON QUALIFICATION		a later to a later
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ids, if prior to registration.) to determine penalty liability)	_
7. 11600 NEBEL STREET, SUITE 202		Z SS SS
ROCKVILLE, MD 20852	., .	
(Street Address of	f Principal Office)	ASSA ASSA
8. If limited liability company is a manager-managed of	company, check here 🚺	SEE, I
9. The name and usual business addresses of the management	ging members or managers are as follo	
LOREN D RAAP, MANAGER		REAL ST
1922 S. ARL RIDGE ROAD		
ARLINGTON, VA 22202		
10. Attached is an original certificate of existence, no more than 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be submi	is not acceptable. If the certificate is in a foreign itied.)	
11. Nature of business or purposes to be conducted or p	promoted in Florida:	· · · · · · · · · · · · · · · · · · ·
ANY AND ALL LAWFUL BUSINESS		
	he -	
	norized representative of a member. in the execution of this document constitutes y that the facts stated herein are true.)	
Typed or printed a	name of signee	•

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is:	•
G-W MAN	AGEMENT SERVICES, LLC.	e de la companya de l
If name unava	ilable, the alternate name to be used in the state of Florida is:	+ 2
2. The name of	and the Florida street address of the registered agent and office are:	707
	CHECK MATE LICENSING SERVICE	CREE
	(Name) 4411 BEE RIDGE ROAD #257	HASSEI HASSEI
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	H 8: 0
	SARASOTA, FL 34233 FL City/State/Zip	NIE AND A

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100,00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT G-W MANAGEMENT SERVICES, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYEAND AT BALTIMORE ON THIS JULY 03, 2007.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

crbink

R4630642