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(Re	questor's Name)	
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DIVISION OF CORPORATIONS
OR AUG 26 PM 2: 02

J. BRYAN

AUG 27 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

(Name of	Limited Liability Company)	
	I Liability Company for Authorization to Trare submitted to register the above referenced la	
e return all correspondence concerning th	is matter to the following:	
Kathleen W. Kolodgy		
***************************************	(Name of Person)	
Maloney, McHugh & Ko	olodgy, Ltd.	SE SEL
- 	(Firm/Company)	别。
20 North St. Clair Stree	t	DE AUG 26 PM 2: 02
	(Address)	7 P
Toledo, Ohio 43604		ON'S ON'S
(Cit	y/State and Zip Code)	
urther information concerning this matter	, please call:	
Kathleen W. Kolodgy	_{at (} 419 ₎ 241-5175	
(Name of Person)	(Area Code & Daytime Telephone	Number)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
sed is a check for the following amount:		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GBNP, LLC (Name of Foreign Limited Liability Company; must include	
(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.")	are name. The anemate name must include. Limited Elabority
₂ Ohio 3	20-8953064
(Jurisdiction under the law of which foreign limited liability company is organized)	(PEI number, if applicable)
4, 4/25/2007 5.	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)
7. 3521 Briarfield, Ste. C	ida, if prior to registration.) o determine penalty liability)
Maumee, Ohio 43537	Reg S
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the manag	ging members or managers are as follows:
George Stanley, 3521 Briarfield, Maun	nee Ohio 43537
Coorge Otamoy, Sozi Bhamela, Maan	100, 0110 10007
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Healthcare
management, and related services.	
	orized representative of a member.
(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	
George Stanley, Manag	
Typed or printed n	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.

f name unavailable, the alternate name to be used in the state of Florida is:	
The name and the Florida street address of the registered agent and office are:	
CT Corporation System (Name)	08 AL
1200 S. Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	OB AUG 26 PI
Plantation, FL 33324 FL City/State/Zip	H 2: 02

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.

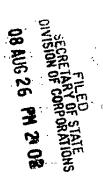
Diane Stout, Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GBNP, LLC, an Ohio Limited Liability Company, Registration Number 1696070, was organized within the State of Ohio on April 25, 2007, is currently in FULL FORCE AND EFFECT upon the records of this office.





Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of July, A.D. 2008

Ohio Secretary of State

Validation Number: V2008202JCCC48