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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporation	ons				
CHEL	ECT:		GPM LLC	OF	Gargasa	2 Property Mana
3000	EC1.	Nam	e of Limited Liab	ility Company	y 1	
						ness in Florida," Certificate of to transact business in Florida
Please	return all correspondence	e concerning this mat	ter to the following	ng:		
			Louis J. Ga	rgasz		
			Name of Po	rson		
			GPM LI	.C		
			Firm/Comp	any		
		P.O. Box	1223, 127 N.	Pepperell	Road	
			Address			
		Lielti	n Maur Hamp	-bi 020 <i>4</i>	0	
		HOIII	s, New Hamp		9	
			City/State and 2	ip Code		
		E-mail address: (to	Igargasz2@a		et notification)	
		triidii addiess. (u	oc used for futur	e amman repor	rt nouncauon)	
For fu	rther information concern	ing this matter, pleas	e call:			
				.3		
		is Gargasz	at (602	465-7	7463
	Nam	e of Person	Area Code &	Daytime Tele	phone Number	
	MAILING ADDRES	<u>S:</u>	STREET ADD	RESS:		
	Division of Corporatio	ns	Division of Corp	orations		
	Registration Section		Registration Sec	tion		
	P.O. Box 6327		Clifton Building			
•	Tallahassee, FL 32314		2661 Executive Taliahassee, FL			
Enclo	osed is a check for the	following amour	nt:			
	\$125.00 Filing Fee	\$130.00 Filing Certificate of		5.00 Filing Fe Certified C	ee & \$\int\s\$160.0 Copy of	00 Filing Fee, Certificate Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	GPM,LL	3	
(Name of Foreign Limited Liability Company;	must include "L	imited Liability Company," "L.L.C.," or "	LLC.")
Gargasz Proper	ty Na	MAGRINENT LLC	
(If name unavailable enter alternate name adopted for	the purpose of t	ransacting business in Florida and attach a	copy of the written
consent of the managers or managing members adopting	ng the alternate r	name. The alternate name must include "L	imited Liability
Company," "L.L.C," "LLC.")			
2. New Hampshire	3	26-3456039	
(Jurisdiction under the law of which foreign limited	liability 3.	(FEI number, if applicable)	
company is organized)			500 0
4. September 14, 2008	5.	Perpetual	SECI SECI
(Date of Organization)	- 3. (1	Duration: Year limited liability company w	ill cease to
, ,	è	cist or "perpetual")]> □
6. January 1, 2009			SSE
(Date first transacted busin	ness in Florida, i	f prior to registration.)	
(See sections 608.501 & 60	8.502 F.S. to det	termine penalty liability)	75 75
7. P.O. Box 1223, 127 N. Pepperell Road	i		STAT
	<u></u>		gm o
Hollis, New Hampshire 030349			
	t Address of Prin	ncipal Office)	
8. If limited liability company is a manager-n	nanaged comp	oany, check here	
O. The name and yourd business addresses of	41		
9. The name and usual business addresses of	the managing	members or managers are as ionov	ws:
Louis Gargasz			
			
P.O. Box 1223, 127 N. Pepperell Rd.			
Hollis, New Hampshire 03049			
10. Attached is an original certificate of existence, no more	e than 90 days ol	d, duly authenticated by the official having o	ustody of records in
the jurisdiction under the law of which it is organized. (A		•	anguage, a
translation of the certificate under oath of the translator mu	ust be submitted.)		
		D- 15 1-4-14-	
11. Nature of business or purposes to be cond	lucted or pron	noted in Florida: Real Estate Ma	nagemen
$\alpha \alpha$.			
			·
Silvania of a manha	or an authoriz	red representative of a member.	
(In accordance with section 608	01 dil adivioliz	execution of this document constitutes	
an affirmation under the penalt	ties of perjury that	the facts stated herein are true.)	
	Louis J. Ga	rgasz	
Typed or	r printed name		

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.

	GPM, LLC				
If unavailable, the alte	ernate to be used in the state of Florida is:				
Gargasz	Boperty Management,	LLC			
2. The name and the	Florida street address of the registered agent and offi	ce are:			
	David Lessing		TAS.	9	
	(Name)			ي و	CHITTEEL S
			至門	E	2000
	842-b N. John Young Pkwy.		S	-2	1 a s c = 12
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		4 13.38 A 18.	PH 12: 1	i di fi cressi
	Kissimmee, ₹ †, 34741		103	?	1-Teamer
	City/State/Zip		音音	91	
			D		
	registered agent and to accept service of process for t	_			

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obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 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 New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GPM, LLC is a New Hampshire limited liability company formed on October 14, 2008. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 12th day of May, A.D. 2009

William M. Gardner Secretary of State