Division of Corporations



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To:

Division of Corporations

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From:

: GARTNER BROCK & SIMON Account Name

Account Number : I19990000204 Phone

: (904)399-0870 Fax Number : (904)399-1113

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO. GB JACKSONVILLE 1 TEMP, LLC

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December 30, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BERT C. SIMON
GARTNER, BROCK & SIMON
1660 PRUDENTIAL DR., SUITE 203
JACKSONVILLE, FL 32207

SUBJECT: GB JACKSONVILLE 1 TEMP, LLC

REF: W09000056166

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.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the 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 filling of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator FAX Aud. #: H09000266533 Letter Number: 709A00039484

но9000266533 3

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	GB JACKSONVILLE 1 TEMP, LLC					
	Name of Limited Liability Company					
The enci Existenc	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please re	turn all correspondence concerning this matter to the following:					
	BERT C. SIMON					
	Name of Person					
GARTNER, BROCK & SIMON						
Pirm/Company						
	1660 PRUDENTIAL DRIVE, SUITE 203					
	Address					
	JACKSONVILLE, FL 32207					
City/State and Zip Code						
GARDEN@BGVLLP.COM						
	E-mail address: (to be used for future annual report notification)					
For funt	er information concerning this matter, please call:					
	BERT C. SIMON at (904) 399-0870					
	Name of Person Area Code & Daytime Telephone Number					
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose	ed is a check for the following amount:					
	\$125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c					

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H090002665333

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

	PLIANCE WITH SECTION 608.503, FLORI. DUABILITY COMPANY TO TRANSACT BUSII			ER A FOR	'EIGN
,	GR IACK	SONVILLE 1 T	EMP IIC		
1	Name of Foreign Limited Liability Compan	y; must include "Limite	d Liability Company," "L.L.C.," or "LLC	2.")	
consent -	unavailable, enter alternate name adopted to f the managers or managing members adopted," "LL.C.," "LUC.")				
2.	DELAWARE	3.	27-1554760		
(Jurise	DELAVVARE liction under the law of which foreign limit my is organized)	ed liability	(FEI number, if applicable)		.73
4	11/13/2009	5	PERPETUAL	09	SIAIG
	(Date of Organization)	(Dura exist (PERPETUAL tion: Year limited liability company will our "perpetual")	Seasc AD	NOS.
6. <u>N/A</u>					유구
	(Date first transacted by (See sections 608.501 &	isiness in Florida, if pri 608.502 F.S. to determ	or to registration.) ine penalty liability)	P	RY OF STATE CORPORATIONS
7. <u>100</u>	CRESCENT COURT, SUITE 44	5		PH 12 30	STA ORAT
DA	LLAS, TX 75201			30	10.KE
	(Sb	eet Address of Principa	l Office)		•
8. If lii	nited liability company is a manager	-managed company	, check here		
9. The	name and usual business addresses	of the managing me	mbers or managers are as follows:		
GB	-1, LLC				
100	CRESCENT COURT, SUITE 44	15			
DA	LLAS, TX 75201			··	
he jurisd	hed is an original certificate of existence, no motion under the law of which it is organized, in of the certificate under eath of the translator	(A photocopy is not acco	ly authenticated by the official having custo ptable. If the certificate is in a foreign lang	idy of record uage, a	ds in
II. Na	ture of business or purposes to be co	nducted or promote	d in Florida:		
	ALL	LAWFUL PURPO	<u> </u>	··	
	_ Bert	- Confe			
•		508.408(3), F.S., the exec	representative of a member. ution of this document constitutes facts stated herein are true.)		
		BERT C. SIMO	N		

Typed or printed name of signee

H09000266533 3

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 the Limited Liability Company is:	
GB JACKSONVILLE 1 TEMP, LLC	
If unavailable, the alternate to be used in the state of Florida is:	09 PE
2. The name and the Florida street address of the registered agent and office are:	DEC 30 PI
BERT C. SIMON	<u>~~</u>
(Name)	PH 12: 30
1660 PRUDENTIAL DRIVE, SUITE 203	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
JACKSONVILLELFL 32207	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated lin liability company at the place designated in this certificate, I hereby accept the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all state relating to the proper and complete performance of my duties, and I am familiar with and acceptability of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)	registered ues
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GB JACKSONVILLE 1 TEMP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

You may verify this certificate chline at corp. delawers gov/authver. shiml

AUTHENTYC.

DATE: 12-30-09