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C. LEWIS

JUL 1 2 2010

EXAMINER

COVER LETTER

TO:		on Section of Corporation	าร			
SUBJI	ECT:			GAB	A, LLC	
			N	ame of Lin	nited Liability Company	
The en	iclosed "App nce, and che	lication by Fock are submit	oreign Limited Litted to register the	ability Con above refe	npany for Authorization to Trenced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please	return all co	rrespondence	concerning this r	natter to the	e following:	
	_				bert J. Bux	
				N	ame of Person	
	_		w		nd Batchelder, LLP	
				Fi	rm/Company	
				105 We	st Liberty Street	
					Address	- "
				Medir	na, OH 44256	
				City/Si	tate and Zip Code	
				gpalme	r1@neo.rr.com	
			E-mail address:	(to be used	for future annual report not	ification)
For fu	rther informa	tion concerni	ng this matter, ple	ease call:		
		Rob	ert J. Bux		_at (330)	725-6666
		Name	e of Person	Are	a Code & Daytime Telephon	e Number
	Division of Registration P.O. Box	G ADDRESS of Corporation on Section 6327 ee, FL 32314		Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circle assee, FL 32301	
Encle		eck for the		ng Fee &		\$160.00 Filing Fee, Certificate
			Certificate	of Status	Certified Copy	of Status & Certified Copy
	•					

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 FOREM LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	GN
1. GABA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	en
2. Ohio 3. 27–2969661	
2. United its law of which foreign limited liability company is organized) 3. 27-2969661 (FEI number, if applicable)	
4. June 18, 2010 5. Perpetual	
4. June 18, 2010 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. No business prior to registration.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	_
7. 370 Brookpoint Circle	1.
Wadsworth, OH 44281	=
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:	
Barbara A. Palmer, 370 Brookpoint Circle, Wadsworth, OH 44281	
Gary L. Palmer, 370 Brookpoint Circle, Wadsworth, OH 44281	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Rental of residential real estate.	
Barbara a. Palmer	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Barbara A. Palmer	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

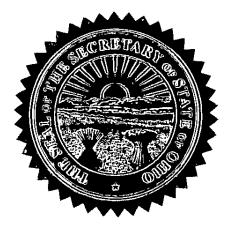
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability (Company is:		
		GABA, LLC		
If unavailable,	the alternate to be used	in the state of Florida is:		
2. The name a	and the Florida street add	dress of the registered age	nt and office are:	2018 JUL TALLAR
		John Palmer		一方
(Name)				
1713 Lochamy Lane Florida Street Address (P.O. Box NOT ACCEPTABLE)				OF STATE OF STATE
	St. Johns	FI.	32259	
		City/State/Zip		
liability compa- agent and agre relating to the p	ny at the place designate e to act in this capacity. proper and complete perj	and to accept service of pr d in this certificate, I hereb I further agree to comply v formance of my duties, and agent as provided for in C	y accept the appoint vith the provisions of I am familiar with a	tment as registered f all statutes ind accept the
	•	0.00 Filing Fee for App		

\$ 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 GABA, LLC, an Ohio For Profit Limited Liability Company, Registration No. 1944881, was organized within the State of Ohio on June 18, 2010, 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 30th day of June, A.D. 2010.

Ohio Secretary of State