#### Division of Corporations 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.

(((H11000234106 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)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

Email Address:

### Foreign Limited Liability Company **GM Pablo LLC**

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

#### COVER LETTER

| Div           | rision of Corporati   | ons                          |                                     |                            |  |
|---------------|---|------------------------------|-------------------------------------|----------------------------|--|
| SUBJECT:      | GM Publo LLC  |                              |                                     |                            |  |
|               |   | Name of                      | Limited Liability Company           |                            |  |
|               | Name of Limited Liability Company  conclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida, are return all correspondence concerning this matter to the following:    Barry P. Marcus |                              |                                     |                            |  |
| Please return | n all corresponden  | ce concerning this matter t  | o the following:                    |                            |  |
|               | Barry P. Mai  | reus                         |                                     |                            |  |
|               |   |                              | Name of Person                      |                            |  |
|               | GM Pablo Li   | ı.c                          |                                     |                            |  |
|               | Firm/Company  |                              |                                     |                            |  |
|               | 50 N Water S  | St                           |                                     |                            |  |
|               |   |                              | Address                             |                            |  |
|               | S Norwalk, (  | T 06854                      |                                     |                            |  |
|               | <del></del>   | Ci                           | ty/State and Zip Code               |                            |  |
|               | jm@greenfie   | •                            |                                     |                            |  |
|               |   | E-mail address: (to be       | used for future annual repor        | t notification)            |  |
| For further i | information conce.  | rning this matter, please ca | JI:                                 |                            |  |
| Bar           | rry P. Marcus   |                              | at ( 203 ) 3:                       | 64-5000                    |  |
| -             | Na  | me of Person                 |                                     | phone Number               |  |
|               |   |                              |                                     |                            |  |
| Re            | gistration Section  | Re                           | gistration Section                  |                            |  |
|               |   | 4 26                         | 61 Executive Center Circle          |                            |  |
|               |   |                              |                                     |                            |  |
| \$1:          | 25.00 Filing Fec  | Certificate of Status        | S155,00 Filing Fee & Certified Copy | of Status & Certified Copy |  |

TO:

Registration Section

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

| 1. GM Pablo LLC  | SIALEOF FLORUME.   |
|--|--|
| (Name of Poreign Limited Liability Company; must inclu   | de "Limited Liability Company," 'L.L.C.," or "LLC.")   |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alter Company," "L.L.C," "L1.C.")  | se of transacting business in Florida and attach a copy of the written<br>mate name. The alternate name must include "Limited Liability                      |
| Delaware (Jurisdiction under the law of which foreign limited liability  | (FBI number, if applicable)  |
| company is organized)  | ( St. National in application)   |
| 4. July 26, 2011 5   | Perpetual  |
| (Date of Organization)   | (Duration: Year limited Hability company will cease to exist or "perpetual")   |
| 6. Date first transacted business in Flo   | ords If neign to secletation   |
| (See sections 608.501 & 608.502 F.S.   | to determine penalty liability)  |
| 7. 50 N Water St   |  |
| S Norwalk, CT 06854  |  |
| (Street Address  | of Principal Office)   |
| 8. If limited liability company is a manager-managed   | company, check here  |
| 9. The name and usual business addresses of the mane   | aging members or managers are as follows:  |
| Barry P. Marcus  |  |
| 50 N Water St  |  |
| S Norwalk, CI 06854  |  |
| 10. Attached is an original certificate of existence, no more than 90 of<br>the jurisdiction under the law of which it is organized. (A photocopy<br>translation of the certificate under onth of the translation must be subm | lays old, duly authenticated by the official having custody of records in<br>y is not acceptable. If the certificate is in a foreign language, a<br>nitted.) |
| 11. Nature of business or purposes to be conducted or  | promoted in Florida:   |
| Real estate investments  |  |
| Brown  |  |
| Signature of a member or an aut  | thorized representative of a member.   |
| (in accordance with section 608.408(3), F.S., the execu  | ation of this document constitutes an affirmation under the  |
|  | e I am aware that any false information submitted in a   |

Typed or printed name of signee

26 ANI

PLOST - 19/05/2010 CT System Online

Barry P. Marcus

## 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 L    | imited Liability Co   | empany is:                                  |   |
|-------------------------|-----------------------|---|---|
| GM Pablo LLC            | <del></del>           |   |   |
| If unavailable, the alt | ernate to be used in  | the state of Florida is:                    | _ |
| 2. The name and the     | Florida street addre  | ess of the registered agent and office are: |   |
| ста                     | orporation System     |   |   |
| ·                       |                       | (Name)                                      | - |
| 1200 5                  | outh Pine Island Road |   |   |
|                         | Florida Street        | Address (P.O. Box NOT ACCEPTABLE)           | - |
| Plant                   | ution                 | FL 33324                                    | _ |
|                         |                       | City/State/Zip                              | _ |
|                         |                       | •   |   |

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.

By: Should fully al (Signature)

Sohan R. Dindyal Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

DACP 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GM PABLO 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2011.

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

*5015837 8300* 

111036821

AUTHENTY CATION: 9050064

DATE: 09-23-11

You may verify this certificate online