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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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B. BOSTICK
NOV 2 - 2011
EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 966267

4362547

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE: November 2, 2011

ORDER TIME : 12:55 PM

ORDER NO. : 966267-005

CUSTOMER NO: 4362547

FOREIGN FILINGS

NAME: GSH HOLLY LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

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.	GSH HOLLY LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	_
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabi ompany," "L.L.C," "LLC.")	
2.	DELAWARE 3. 45-3719891	_
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	10/21/2011 5. PERPETUAL	_
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	UPON FILING	_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	105 S NARCISSUS AVENUE - SUITE 510	_
	WEST PALM BEACH, FLORIDA 33401	
	(Street Address of Principal Office)	-
8.	If limited liability company is a manager-managed company, check here	tanian
a		n in the sage
,	5.00	
	IVOR BRAKA, DAVID I BRAKA, MICHELE NEEDLE	
	105 S NARCISSUS AVENUE - SUITE 510	_
	WEST PALM BEACH, FLORIDA 33401	
he	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recijurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under eath of the translator must be submitted.)	- cords in
	. Nature of business or purposes to be conducted or promoted in Florida:	-
	REAL ESTATE HOLDING COMPANY 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. I am aware that any false information submitted in a	
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signce

MICHELE NEEDLE

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 Comp	pany is:		
GSH HOLL	Y LLC			
If unavailable, th	ne alternate to be used in th	e state of Florida is:		
2. The name and	I the Florida street address	of the registered agent a	and office are:	STOWN 11 NOV
(CORPORATION SERV	ICE COMPANY		8
(Name)				T, T
1201 HAYS STREET		FLORIE FLORIE		
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)		DA T	
	TALLAHASSEE	FL 323	01	
		City/State/Zip		
liability company agent and agree t relating to the pro	ed as registered agent and to at the place designated in to to act in this capacity. I furt oper and complete performa position as registered agen	his certificate, I hereby a ther agree to comply with nnce of my duties, and I a	ccept the appointm the provisions of a m familiar with and ter 608, Florida Sta	ent as registered ll statutes l accept the atutes.
	asina L. 1. (Sign	anlap	Carina L. Du Asst. Vice Pre	nlap sident
	\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application of Regist Certified Copy (option	tered Agent	

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GSH HOLLY 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 SECOND DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GSH HOLLY LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2011.

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

TALLANDS SEED FLORIDA

5055449 8300

111158982

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 9130936

DATE: 11-02-11

You may verify this certificate online at corp.delaware.gov/authver.shtml