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COVER LETTER

Registration Secti Division of Corpo				
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	N	ame of Limited Liability Company		
		ability Company for Authorization to above referenced foreign limited lial		
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			2013 APR 22 PM 3 61 SECRETARY OF STATE TALLAHASSEE FLORIDA	
	Gipsnæ.c	Firm/Company		
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	2037 N	W 27L Avenue Address		
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shift motivary, information yielded an functional	E-mail address:	(to be used for future annual report	notification)	
	ncerning this matter, ple Hervar lez Name of Person	ase call: at (<u>305</u>) <u>Z</u> Area Code & Daytime Telepl	98-714/ Ione Number	
MAILING ADDI		STREET ADDRESS:		
Division of Corpo Registration Section		Division of Corporations Ramatration Section		
P.O. Box 632"	··it	Registration Section Clifton Building		
Taffahassee, FL 3.	2314	2661 Executive Center Circle Tallahassee, FL 32301		
dosed is a check for	r the following amo	annt:		
□ \$125 00 Filing			& \$160.00 Filing Fee, Co	actificatu

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: Gipsak.com, LLC Jame of Foreign Lunded 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability 12/20/2012 exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) (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 managing members or managers are as follows 8230 Howthorne Avenue Miami Bead

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 coth of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Many website

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 perjuny that the facts stated herein are true. I am aware that any talse 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 signee

4

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:	
Gipsate, com LLC	· · · · · · · · · · · · · · · · · · ·
If unavailable, the alternate to be used in the state of Florida is:	
i	
20. The name and the Florida street address of the registered agent and office are ALLC ARC ARC ARC ARC ARC ARC ARC ARC ARC AR	PILED

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.

lignature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 3

The First State

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

DELAWARE, DO HEREBY CERTIFY "GIPSAFE COM 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 EIGHTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIPSAFE.COM LLC" WAS FORMED ON THE TWENTIETH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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AUTHENTY CATION: 0340583

DATE: 04-08-13

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