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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To :

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : PCA000000023 Phone : (850)222-1092 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:

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: Gibraltar BB2 LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather D	lixon					
Name of Person						
Gibraltar Asset Management Services LLC						
	Firm/Company					
250 Gibra	ltar Rd.					
	Address					
Horsham,	PA 19044					
	City/Stato and Zip Code					
	ibraltarcapital.net					
B-ma	Il address: (to be used for future annual report notification)					
For further information concerning this	motter, plezzo call:					
Heather Dixor	n215938-8226	2013 SEC				
Name of Per	aon Area Code & Daytimo Telephone Number					
MAILING ADDRESS: Division of Corporations Registration Section	<u>STREET ADDRESS:</u> Division of Corporations Registration Section	FIL 2013 APR 29 SECRETARY ALLAHASSEE				
P.O. Box 6327	Clifton Building	\sim – m				
Tallahossoo, FL 32314	2661 Executivo Capter Circle Tallahassoo, FL 32301					
Enclosed is a check for the follow	•	6 2				
	30.00 Filing Fee & 🛛 \$155.00 Filing Fee & 🗆 \$160.00 Filing I extificate of Status Certified Copy of Status & Cer	Pse, Certificate				

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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.	Git	orali	lar	88	12 I	-LC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.")

(If name unavailable, enter afternate name adopted for the purpose of transsoting 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 (PBI number, if applicable)	-	
	company is organized)		
4.	9/20/2011 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.	250 Gibraltar Rd, Horsham, PA 19044		
		~ `	
	(Street Address of Principal Office)	2013	
8.	. If limited liability company is a manager-managed company, check here	APR	<u>ה</u>
9.	. The name and usual business addresses of the managing members or managers are as follows	29	r-
		A	$\overline{\mathbf{n}}$
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		29	

10. Attached is an original confidence 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 oath of the translator must be submitted.)

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

X R. Aml	
Signature of a member or an authorized representative of a member.	
(In secondance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts soled 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.))
Roger A Brush	
Typed or printed name of signce	

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:

Gibraltar BB2 LLC	Git	oraltar	BB2	LLC
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If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Floridu street address of the registered agent and office are:

C T Corporatio	n System	
	(Namo)	
1200 South Pir	e Island Road	
Florida Street Au	dross (P.O. Box NOT ACCEPTABLE)	
Plantation	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.

nac (Signature)

Ann J. Williams, Assistant 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)

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GIBRALTAR BB2 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-SIXTH DAY OF APRIL, A.D. 2013.

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

FILED



miany of State TION: 0387998 AUTRENTIC

DATE: 04-26-13