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	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITT Account Number : I20060000135 Phone : (305)789-3200 Fax Number : (305)789-3395
**Ent	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: <u>M50/hEIME gormanu5a.com</u>
	Foreign Limited Liability Company
	GORMAN EMPLOYEE GROUP PARADISE POINT, LLC Certificate of Status
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STEARNS WEAVER MILLER

Ø0002/0004

# 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. The name of the foreign limited liability company is: Gorman Employce Group Paradise Point, 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." or "LLC"):

- 2. The foreign limited liability company was organized in (State or Jurisdiction): State of Wisconsin
- 3. The Federal Employer Identification Number (if applicable) of the foreign limited liability company is: (applied for)
- 4. The date of organization of the foreign limited liability company is: August 29, 2013
- 5. The duration of the foreign limited liability company is: perpetual
- 6. The date the foreign limited liability company first transacted business in Florida is: the date upon which this Application for Authorization to Transact Business in Florida is filed with the Florida Department of State. (if prior to registration, see Sections 608.501 & 608.502 F.S. to determine penalty liability)

7.	The street address of the principal office is: 200 North Main Street, Oregon, WI 53575	13 (	SEC
8.	The foreign limited liability company is manager-managed.	SEP -5	ECRETA
9.	The name and usual business addresses of the manager are as follows:	AH AH	RY OF
	Gorman & Company, Inc. 200 North Main Street	10:10	- SIAIC ORATIONS
	Oregon, WI 53575		< C)

10. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business permitted in the state of Florida.

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11. 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. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted).

Gorman Employee Group Paradise Point, LLC By: Gorman & Company, Inc., Manager

Signature of Member or an authorized. representative of a Member

Joyce Wuetrich. Corporate Secretary Typed or printed name of signed

# 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.

The name of the Limited Liability Company is: Gorman Employee Group Paradise Point, LLC

If unavailable; the alternate name to be used in the state of Florida is: n/a

The name and the Florida street address of the registered agent and office are:

# CT CORPORATION SYSTEM 1200 SOUTH PINE-ISLAND ROAD PLANTATION, FL 33324

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,

Angel Shearer Assistant Secretary 0000 Registered Agent

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#### STEARNS WEAVER MILLER

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United States of America State of Wisconsin

## DEPARTMENT OF FINANCIAL INSTITUTIONS

#### Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

### GORMAN EMPLOYEE GROUP PARADISE POINT, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is August 29, 2013.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.





IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 3, 2013.

PAUL M. HOLZEM, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

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### To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 126181-D0725882