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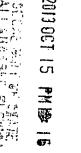
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
OCT 2.1 X013		
A. LUNT		

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CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Gold Ridge Asset Management GP, 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:

Michael Knox			
Name of Person		•	
Gold Ridge Asset Management GP, LLC	3		
Firm/Company		•	
130 Gardners Circle #139		2013	
Address		139	Photo:
Johns Island, SC 29455	673 173 173 173 173 173 173 173 173 173 1	15	0-11 ₀₀
City/State and Zip Code	7	- T	1
mknox@goldridgeasset.com		W	e second
E-mail address: (to be used for future annual report notification)	J\$N	-	

For further information concerning this matter, please call:

Michael Knox at 843

_{.,/}843 \ 202-0914

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:**

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee ■ \$130.00 Filing

\$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Gold Ridge Asset Management GP, LLC (Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
_{2.} Delaware	38-3878970
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 2012 ₅	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} October 31, 2013	7f1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
_{7.} 130 Gardners Circle #139	ing in the second
Johns Island, SC 29455	
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Michael Knox Gold Ridge Asset Ma	nagement GP, LLC
130 Gardners Circle #139	
Johns Island, SC 29455	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted or	promoted in Florida:
Hospitality and any other permitted b	
	4
	thorized representative of a member.
(In accordance with section 608,408(3), F.S., the exec	ution of this document constitutes an affirmation under the

Typed or printed name of signee

Michael Knox

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.)

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:

Gold Ridge Asset Management GP, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Corporate Creations Network Inc.

(Name

11380 Prosperity Farms Road #221E

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Palm Beach Gardens __FL

33410

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.

Sim Mullian

Gina Mulligan, Special Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GOLD RIDGE ASSET MANAGEMENT GP 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 TENTH DAY OF OCTOBER, A.D. 2013.

5172961 8300

131186032

Jeffrey W. Bullock, Secretary of Sta AUTHENTY CATION: 0806721

DATE: 10-10-13

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