Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130002619103)))



H130002619103ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383 **(**

From:

num avoss

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: d Kinnach a Strargs weaver, com

MECEIVED

3 NOV 27 AM 8: 30

ECRETARY OF STATE

LLAHASSEE, FLORIDA

Foreign Limited Liability Company Gorman Employee Group Dade Oaks, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

DEC - 2 2013

A. LURT

Electronic Filing Menu

Corporate Filing Menu

Help

38575.0000

(((H13000261910 3))) -

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

In compliance with Section 608.503, Illorida Statutes, the following is submitted to register a foreign limited liability company to transact business in the State of Florida:

- The mante of the foreign limited liability company is: Gorman Employee Group Dade Oaks, LLC
 If name unevaliable, enter alternate mane adopted for the purpose of transacting business in Picrida and attack a copy of the written
 coasent of the managers or managing members adopting the atternate name. The atternate name must include "Limited Liability
 Company", "L.L.C." or "LLC"):
- 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: November 21, 2013
- 5. The duration of the foreign limited liability company lar 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. ((Sprior to registration, 200 Sections 608,501 & 608,502 F.S. to determine pensity liability)
- 7. The street address of the principal office is: 200 North Main Street, Oregon, WI 53575.
- 8. The foreign limited liability company is manager-managed.
- 9. The name and usual business addresses of the managing members or the managers are as follows:

Gorman & Company, Inc. 200 North Main Street Oregon, WI 53575

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

(((H13000261910 3)))

Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having outlody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign (anguage, a translation of the certificate under eath of the translator must be submitted).

Gorman Employee Group Dade Oaks, LLC By: Gorman & Company, Inc., Manager

Signature of Member or an authorized rapresentative of a Member,

Joyce Wuetrich, Corporate Secretary Typed or printed name of signes

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 Linbility Company is: Gorman Employee Group Dade Oaks, LLC

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

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

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

liaving 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 capability. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dulies, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent

Assistant Secretary Robecca Barth

#3221183.vl

(((H130002619103)))

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 DADE OAKS, 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 November 21, 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 November 21, 2013.

Saul M. Holem

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.

DFI/Corp/33

To validate the authenticity of this certificate

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

Enter this code:

128963-F4CA9F7D

(((H130002619103)))