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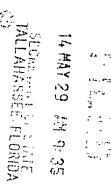
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: GF 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:
STEVEN M WILTSE
Name of Person
GF LLC
Firm/Company
3496 MISTLETOE LANE
Address
LONGBOAT KEY, FLORIDA 34228
City/State and Zip Code
STEVENMWILTSE@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN M WILTSE 703 728-4413
Name of Contact 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: \$\Bigsup \frac{1}{2}\$125.00 Filing Fee \$\Bigsup \Bigsup \frac{1}{2}\$130.00 Filing Fee \$\Bigsup \Bigsup

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GF LLC						
(Name of Foreign Limited Lize GF I LLC	ibility Company; must includ	de "Limited Liabil	ity Company," "L.L.C.,"	or "LLC.")		
If name unavailable, enter alternate name a Liability Company," "L.L.C." or "LLC.")	dopted for the purpose of tra	nsacting business	in Florida. The alternate	name must in	clude "	Limited
VIRGINIA		54 - 199	7725			
(Jurisdiction under the law of which forei company is organized)		. 01 100	(FEI number, if appli	cable)		
NA						,
(Date (See sect	first transacted business in Figure 100 ions 605.0904 & 605.0905,	Florida, if prior to	registration.)			
3496 MISTLETOE			,,			
LONGBOAT KEY,F	LORIDA 3422	28				 -
		of Principal Office	;)			
3496 MISTLETOE L	_ANE					
LONGBOAT KEY, I	FLORIDA 342	28				
	(Mailin	g Address)				
7. The name, title or capacity an	d address of the perso	on(s) who has	/have authority to r	naĥage is/:	are:	
STEVEN M WILTSE	MANAGING	MEMEE	3ER		1	may 2 2 - 1 - 1
MARY R WILTSE	MEMBER			35 g	4.59	fich delpage granding
				The state of the s		
				五五	 မ	E. Marie
 Attached is an original certification are described as a certificate in the pacceptable. If the certificate is in must be submitted) 	urisdiction under the	law of which	it is organized. (A	photocopy	y is no	ot
	Stal	my				
In accordance with section 605,0203, F.S., the exm aware that any false information submitted in		itutes an affirmation	under the penalties of perju			

STEVEN M WILTSE

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE

	ATEMENT TO DESIGNATE A REGISTERED OFFICE AND STATE OF FLORIDA.	REGISTI	ERED)
1. The name of the GF LLC	ne Limited Liability Company is:			
If unavailable, the	alternate to be used in the state of Florida is:			
2. The name and t	the Florida street address of the registered agent and office are:			
S	STEVEN M WILTSE			
	(Name)			
. 3	3496 MISTLETOE LANE			
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u> </u>		
L	ONGBOAT KEY _{FL} 34228	MILA MILA	TH AT	. د

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 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

Designation of Registered Agent 25.00

Certified Copy (optional) 30.00

Certificate of Status (optional) 5.00

Commonwalth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

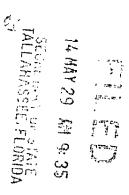
I Certify the Following from the Records of the Commission:

That GF LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 5, 1999; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: March 4, 2014



Joel H. Peck, Clerk of the Commission