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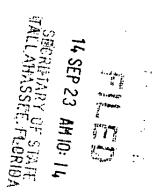
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Office Use Only



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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
	G&J, LLC		
SUBJE	Name of Limited Liability Company		
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e., and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please r	eturn all correspondence concerning this matter to the following:		
	JANELLA LEVY		
	Name of Person		
G&J, LLC			
Firm/Company			
14843 CABLESHIRE WAY			
	Address		
ORLANDO, FL 32824			
	City/State and Zip Code		
	janellalevy@hotmail.com		
	E-mail address: (to be used for future annual report notification)		
For furt	her information concerning this matter, please call:		
	JANELLA LEVY 407 375-4065		
	Name of Contact Person Area Code Daytime Telephone Number		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301		
Enclos	ed is a check for the following amount:  \$\Boxed{\text{\text{\text{\text{\text{\text{Certificate}}}}}} = \text{\tinte\text{\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\t		

#### 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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF	'FLORIDA:
1. G&J, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L	.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The al Liability Company," "L.L.C," or "LLC.")	ternate name must include "Limited
2. NEVADA 3 47-1692636	
<u> </u>	if applicable)
4 UPON ACCEPTANCE	•
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	200 -
5. 701 N GREEN VALLEY PKWY STE 200	SE TO
HENDERSON NV 89074	23 23 ANS
(Street Address of Principal Office)	AC & M
6. 14843 CABLESHIRE WAY	7, 5 []
ORLANDO, FL 32824	RAPE TO THE TOTAL PROPERTY OF THE PERSON OF
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have authority	ty to manage is/are:
JANELLA LEVY - MANAGER - 14843 CABLESHIRE WAY ORI	· ·
JANELLA LEV I - WANAGER - 14843 CABLESHIRE WAT ORI	
GLADYS LEVY- MANAGER - 14843 CABLESHIRE WAY ORL	_ANDO, FL 32824
8. Attached is an original certificate of existence, no more than 90 days old, duly having custody of records in the jurisdiction under the law of which it is organize acceptable. If the certificate is in a foreign language, a translation of the certificate must be submitted)	d. (A photocopy is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties am aware that any false information submitted in a document to the Department of State constitutes a third degree felony	
JANELLA LEVY	
Typed or printed name of signee	<del></del>

### 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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:
unavailable, the alternate to be used in the state of Florida is:
The name and the Florida street address of the registered agent and office are:
RUBEN LEVY
(Name)
14843 CABLESHIRE WAY
Florida Street Address (P.O. Box NOT ACCEPTABLE)
ORLANDO, FL 32824 FL
City/State/Zip
aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of all attutes relating to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605 Floridar attutes.
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **G&J**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 31, 2014, and is in good standing in this state.

THE OF

Electronic Certificate
Certificate Number: C20140916-0183
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 16, 2014.

ROSS MILLER Secretary of State CLAHASSEE, FLORING