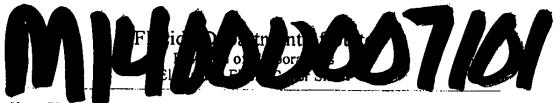
Division of Corporations

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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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

### Foreign Limited Liability Company GC ALLEGRA, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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#### COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJEC	CT: GC Allegra, LLC				
		me of Limited Lia	bility Company		
The encl Existence	osed "Application by Foreign Limited Lic, and check are submitted to register the	ability Company above reference	for Authorization to I foreign limited lial	Transact Business in Florida billity company to transact bus	L" Certificate of siness in Florida
Please re	turn all correspondence concerning this n	natter to the folio	wing;		
	Gayle Aiken, Paralogal	<del></del>			_
		Name o	f Person		
	Honigman Miller Schwartz and	Cohn LLP			_
		Firm/C	ompany		
	2290 First National Building			÷	33 _ 22
		Ade	lress	•	
	Detroit, MI 48226				
		City/State at	ed Zip Code		· 影響 1
	gca@honigman.com				· 명명 그
	E-mail addres	s: (to be used for t	uture annual report no	stification)	
For furth	er information concerning this matter, ple	ase call:			#
	0. 5-25				
	Gayle Aiken  Name of Contact Person	at	313 465	5-7208  Daytime Telephone Number	_
			Area Cope	Daytime Telephone Human	
	MAILING ADDRESS: Division of Corporations	STREET			
	Registration Section	Division of ( Registration			
	P.O. Box 6327	Clifton Bullo			
	Tallahassee, FL 32314	266) Execut Tallahassec,	ive Center Circle FL 32301		
	ed is a check for the following amo		\$155.00 Filing Fee	& <b>3</b> \$160.00 Filing Fee, 0	Cenificate
	Certificate o		Certified Copy	of Status & Certified	

# 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:

GC Allegra, 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 alternate name must incli- Liability Company," "L.L.C," or "LLC.")	ude "Limited	
2. Delaware 3, applied for		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 13700 Oakland Avenue		
Highland Park, Michigan 48203	<u> </u>	
(Street Address of Principal Office)		
6. 13700 Oakland Avenue		Ϋ́
Highland Park, Michigan 46203	建工	K.
(Mailing Address)	- T	بننو
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ar		
7. The name, title of capacity and address of the person(s) who has have addressly to manage is a		
Douglas Kearney, Manager, 13700 Oakland Avenue, Highland Park, Michigan 48203		
	<b>ाम</b> ्यस	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by a having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the	is not	
must be submitted)		
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts at an aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in a.817.1	mted herein are true. I 55, F.S.)	•
Douglas Kearney, Manager		
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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability	Company is:			
GC Allegra, LL	c		- <del></del>		
If unavailable,	the alternate to be used	i in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:				98W OCT	
	C T Corporation Syste	am	<u> </u>	<u>-</u>	1
		(Name)	HO.	골	
	1200 South Pine Islan	d Road	<b>E</b>	•••	
Florida Street Address (P.O. Bux NOT ACCEPTABLE)			07		
	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 605, Florida Statutes.

By: Porporation System Rebecca Barth
(Signature)

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 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 "GC ALLEGRA, 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 FIRST DAY OF OCTOBER, A.D. 2014.

AND I DO REREBY FURTHER CERTIFY THAT THE SAID "GC ALLEGRA, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5606443 8300

141244359

You may vorify this cortificate online

Jeffrey W Bullock, Secretary of State

DATE: 10-01-14