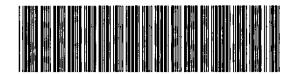
11500001076

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| W15.9 | 029 | | | |

Office Use Only



600268717506

01/30/15--01023--002 **155.00

2015 JAN 30 PH 12: 47

FEB'11 2015 BRUCE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: G & Z CV Florida, L.L.C. |
| 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: |
| Carla G. Morrow |
| Name of Person |
| Roedel, Parsons, Koch, Blache, Balhoff & McCollister, A L.C. |
| Firm/Company |
| 8440 Jefferson Highway, Suite 301 |
| Address |
| Baton Rouge, LA 70809-7654 |
| City/State and Zip Code |
| Cmorrow@roedelparsons.com E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Carla G. Morrow at (225) 929-7033 |
| 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 CircleTallahassee, FL 32301 |
| Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: G & Z CV Florida, L.L.C. |
| 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: |
| Carla G. Morrow |
| Name of Person |
| Roedel, Parsons, Koch, Blache, Balhoff & McCollister, A L.C. |
| Firm/Company |
| 8440 Jefferson Highway, Suite 301 |
| Address |
| Baton Rouge, LA 70809-7654 |
| |
| CMOrrow(a)roadalnarsons com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Carla G. Morrow 225 929-7033 |
| 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: |

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. G & Z CV Florida, L.L.C. | TOT BOOK 1230 IV TILL SITTLE OF TEOF | Q1371. | |
|--|---|-----------------------------|--|
| (Name of Foreign Limited Liability Company; must | include "Limited Liability Company," "L.L.C.," | or "LLC.") | |
| G & Z CV Florida, L.L.C. | | | |
| (If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.") | of transacting business in Florida. The alternate | name must include "Limited | |
| ₂ Louisiana | _{3.} 47-2915299 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI number, if applicable) | |
| 4 | | ~ ~ | |
| (Date first transacted busine (See sections 605.0904 & 605. | ss in Florida, if prior to registration.) 0905, F.S. to determine penalty liability) | | |
| _{5.} 1834 Old Carriage Lane | | | |
| J | | SE 0 1 | |
| Baton Rouge, LA 70806-8338 | Harris Com | POF P | |
| • | Idress of Principal Office) | SIA P | |
| _{6.} 1834 Old Carriage Lane | | | |
| Baton Rouge, LA 70806-8338 | | | |
| (1 | Mailing Address) | | |
| 7. The name, title or capacity and address of the | person(s) who has/have authority to | manage is/are: | |
| • • | • | _ | |
| John W. Gremillion, Co-Manager, 1834 Ol | d Carriage Larie, Batori Rouge, | LA 70000-0330 | |
| Philip Zimmerman, Co-Manager, 1834 Old | d Carriage Lane, Baton Rouge, | LA 70806-8338 | |
| | | | |
| | | · | |
| 8. Attached is an original certificate of existence, having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign langua must be submitted) | the law of which it is organized. (A | photocopy is not | |
| Signature (In accordance with section 605.0203 F.S., the execution of this documer am aware that any false information submitted in a document to the Department of the Depart | | | |
| John W. Gremillio | on, Co-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.

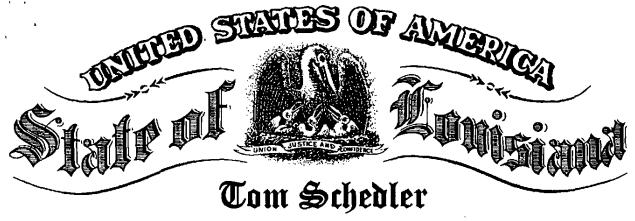
| 1. The name of the Limited Liability Company is: | |
|--|-------------|
| G & Z CV Florida, L.L.C. | |
| | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| G & Z CV Florida, L.L.C. | 213 |
| 2. The name and the Florida street address of the registered agent and office are: | AN 30 |
| NRAI Services, Inc. | DF SI |
| (Name) | STATE STATE |
| 1200 South Pine Island Road | 3511 |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Plantation 33324-4413 | _ |
| 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.

Kumberly Steinmetz, VP & Assistant Secretary
NRAI Services, Inc.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

G & Z CV FLORIDA, L.L.C.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on January 26, 2015,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Suretary of State

January 27, 2015

* SECONFIDENCY, THE TARY OF SAME

Certificate ID: 10565551#FGG62

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 41766431K