6/16/2015 10:08:20 Division of Corporations

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## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H15000147082 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023

Phone

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

n : 1	Address:			
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### Foreign Limited Liability Company G.O. North Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

6/16/2015 10:02 AM

1 of 2

#### COVER LETTER

COVER EDITER	
TO: Registration Section Division of Corporations	
SUBJECT: G. O. North Services, 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:	
Joan Hanrahan-Miller	
Name of Person	
Gilbane Building Company	
Firm/Company	
7 Jackson Walkway	
Address	
Providence, RI 02903	
City/State and Zip Code	, • • •
jhanrahan-miller@gilbaneco.com	
E-mail address: (to be used for firture annual report notification)	
For further information concerning this matter, please call:	
Joan Haurahan-Miller at (401 ) 456-5908	
Name of Contact Ferron Area Code Daytime Telephone Number	
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Clifton Building  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  Tallahassee, FL 32314	•
Tallahassee, FL 32314 Zoo1 Excelled Center Circle	
Enclosed is a check for the following amount:    \$125.00 Filing Fee	
Countrate of Sistus Country Off Sixual & Country	

## 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: [ G. O. North Services, LLC (Name of Foreign Limited Limitity Company; must lacked "Limited Liability Company," "L.L.C.," or "[L.C.,"] (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Rhode Island (Jurisdiction under the law of which foreign limited liability (PEI number, if applicable) company is organizad) 4. n/n 5. 7 Jackson Walkway, Providence, RI 02903 (Street Address of Principal Office) 6. 7 Jackson Walkway, Providence, RJ 02903 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Thomas F. Gilbane, Jr., Chairman/CEO of Gilbane Building Company, Managing Member of G.O. North Services, LLC, 7 Jackson Walkway, Providence, RI 02903 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator

must be submitted)

Brad a. Hendon

Signature of an authorized person

(In excordance with section, 605.0740, F.S., the excellent of this document constitutes an effinisation under the penalties of perjusy that the facts stated hereix are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falency as provided for in a.817,155, F.S.)

Typed or printed name of signed a. of North Service LLC

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.01 13 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.

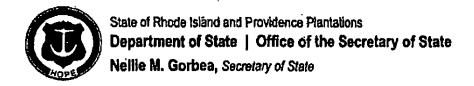
f unavailable, the	e alternate to be used in the state of Florida is:	
<u>.</u>		
. The name and	the Florida street address of the registered agent and office are:	
_	T Companion Sweem	
<u> </u>	C T Corporation System (Name)	
_		
_	(Name)	
<u>+</u>	(Name)	

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: CT Corporation System Algebra Thus

(Signature)

\$ 100.00
\$ 25.00
\$ 25.00
\$ 30.00
\$ 5.00
Certificate of Status (optional)



Certification Number: 15060036710

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

#### G.O. North Services, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

June 30, 2011

Effective

July 01, 2011

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

Tullin W. Solen

Friday, June 12, 2015

Secretary of State

Authorized Agent

