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DATE:

6/22/15

NAME:

GMS PAYROLL, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

SUBJECT:	GMS Payroll, LLC
_	Name of Limited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return al	I correspondence concerning this matter to the following:
	Name of Person
	Capitol Services - Corporate Filings Team
	Firm/Company
	800 Brazos Ste 400
	Address
	Austin TX 78701
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
<u>Mic</u>	ah Caudle at ( 800 ) 345-4647 Ext: 322
	Name of Contact Person Area Code Daytime Telephone Number
	JING ADDRESS: STREET ADDRESS:
	on of Corporations Division of Corporations ration Section Registration Section
	Rox 6327 Clifton Building
Tallah	2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount:  25.00 Filing Fee  \$\sum_{\text{s}130.00} \text{Filing Fee & Status} \text{\$\sum_{\text{s}155.00} \text{Filing Fee & Status & Certified Copy}} \text{\$\sum_{\text{s}160.00} \text{Filing Fee, Certificate of Status & Certified Copy}} \text{\$\sum_{\text{s}160.00} \text{Filing Fee, Certificate of Status & Certified Copy}} \text{\$\sum_{\text{s}160.00} \text{Filing Fee, Certificate of Status & Certified Copy}} \text{\$\sum_{\text{s}160.00} \text{Filing Fee, Certificate of Status}} \text{\$\sum_{\text{s}160.00} \text{Filing Fee, Certificate}} \text{\$\sum_{\text{s}160.00} \text{\$\sum_{\text{s}160.00} \text{Filing Fee, Certificate}}} \text{\$\sum_{\text{s}160.00} \$\

## 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. GMS Payroll, 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 Liability Company," "L.L.C," or "LLC.")	e alternate name must include "Limited
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 47-4143161 (FEI num	per, if applicable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability	三
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2660 Market Street	JAASSI JA
Garland, TX 75041  (Street Address of Principal Office)	
6	20 REAL TENTE
(Mailing Address)  7. The name, title or capacity and address of the person(s) who has/have auth	
Graebel Vanlines Holdings, LLC, Manager  2660 Market Street	
Garland, TX 75041	
8. Attached is an original certificate of existence, no more than 90 days old, du having custody of records in the jurisdiction under the law of which it is organ acceptable. If the certificate is in a foreign language, a translation of the certific must be submitted)	zed. (A photocopy is not
c. Slaung	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penal am aware that any false information submitted in a document to the Department of State constitutes a third degree fe	ties of perjury that the facts stated herein are true. I ony as provided for in s.817.155, F.S.)
C. David Allen, Jr.  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 Compar	ny is:				
	GM	S Payroll, LLC		<del></del>		
If unavailable, th	ne alternate to be used in the s	state of Florida is:				
2. The name and the Florida street address of the registered agent and office are:					2015	
Capitol Corporate Services, Inc. (Name)				JUN 22	FILE	
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)			E ELSE	AH 9: 21	Ö	
	Tallahassee	FL City/State/Zip	32301		<i>,</i> 0	

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.

Coayle Windle Gayle Windle behalf of Cay

Gayle Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GMS PAYROLL, 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 NINETEENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GMS PAYROLL, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2015.

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

5756422 8300

150944902

AUTHENTX CATION: 2482138

DATE: 06-19-15

You may verify this certificate online