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#### COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	GATEWAY SERVICES (USA), LLC
	Name of Limited Liability Company
	osed "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:
	DAVID MANTONI
	Name of Person
	GATEWAY SERVICES (USA), LLC
	Firm/Company
	2040 BOSTON ROAD, SUITE 20
	Address
	WILBRAHAM, MA 01095
	City/State and Zip Code
	DAVID.MANTONI@PETANGELWORLDSERVICES.COM
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	DAVID MANTONI 413 543-1144 x104 at ( )
	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
Enclose	and is a check for the following amount:  \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \& \Delta \\$\$155.00 Filing Fee & \text{Certificate} \\  \$\Cert{Certificate} \text{Certified Copy} \\  \$\Delta \\$\$160.00 Filing Fee, Certificate \\  \$\Delta \\$\$160.00 Filing Fee, Certifica

### 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:

	ign Limited Liability Company; must						~
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	of tra	nsacting busines	s in Florida. T	he alternate na	me must include "Li	mited
2 DELAWARE	,	3	61-1766820				
	of which foreign limited liability	٥.		(FEI numbe	r, il applicable	:)	~
4. SEPTEMBER 1, 2015							
	(Date first transacted busines (See sections 605 0904 & 605.0	s in F	lorida, if prior to	registration.)	ity)	<del>_</del>	
5. 2040 BOSTON ROAD		- 55,	in its descrimina	. ponto, naon	,,	- B	
WILBRAHAM					<del></del>	- ALL	TILTU
WILDRAMAM	(Street Address of P	rincip	al Office)			- 空訊 日	3 =
6.	· · · · · · · · · · · · · · · · · · ·	•	•			SSE S	D 28 P
						- SEE	至了
	(Mailing A	ddres	s)			- 73	5: 2:
7. Name and street addres	s of Florida registered agent: (P.C	). Bo	x NOT accent	able)		25	25
Name:	CORPORATION SERVICE CO		-	us.e,		5	_
	1201 HAYS STREET			_			
Office Address:				<u></u>			
	TALLAHASSEE			_ , Florida <u></u>	(Zip code)	<del></del>	
Registered agent's accep-					, ,		
Having been numed as re- designated in this application	gistered agent and to accept servi tion, I hereby accept the appoints	ce of nent	process for the as registered a	e above state eent and aer	d limited liab ee to act in tl	oility company at t his capacity. I fur	he place ther agree
to complywith the provision	ons of all statutes relative to the p	rope	r and complete	performanc	e of my dutie	s, and I am famil	iar with and
accept the obligations of t	ny position as registered agent.	1.	Ma		Paul	Gottlieb	
	(Registé	red as	(ent's signature)	<del></del>	Vice	President	
9 The name title or once	·		L.		. ia/ana		
•	icity and address of the person(s). NAGER, 2040 BOSTON ROAD,			-			
	E, MANAGER, 6225 72ND AVE						
			<del></del>			<del> </del>	
DAVID MANTONI, MA	NAGER, 2040 BOSTON ROAD,	<u>801</u>	IE 20, WILBR	AHAM, MA	. 01095		
	of existence, no more than 90 day						
jurisdiction under the law of the translator must be su	of which it is organized. (If the ce	rtifica	ate is in a foreig	gn language,	a translation o	of the certificate u	nder oath
	Mars Maso	Sen					
	of which it is organized. (If the ce ibmitted)    Signature of the central interest is signature of the central interest in th	of an :	authorized person	<u></u>		_	
This document is executed	in accordance with section 605.0	203 (	1) (b), Florida :	Statutes, I am	aware that ar	ny false informatio	n
submitted in a document to	the Department of State constitut	es a t	hird degree feld	ony as provid	ed for in s.81	7.155, F.S.	

Typed or printed name of signee

DAVID MANTONI

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "GATEWAY SERVICES (USA), 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 TWENTY-SEVENTH DAY OF AUGUST, A.D.

2015.

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

2015 SEP 28 PK 5: 25
SECRETARY OF STAIL

5787671 8300

151226258

AUTHENT CATION: 2683045

DATE: 08-27-15

You may verify this certificate online at corp.delaware.gov/authver.shtml