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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GABLE HOLDINGS, 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:

RUSSELL SPICER

Name of Person

GABLE HOLDINGS, LLC.

Firm/Company

5400 N. Dixie Hwy., Suite #3

Address

BOCA RATON, FL 33487

City/State and Zip Code

RSOLTRADE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUSSELL SPICER

Name of Contact Person

at

561

Area Code

574-6411

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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. GABLE HOLDINGS, 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 include "Limited Liability Company," "L.L.C.," or "LLC.")

2. WYOMING 3. 47-2786666
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. No prior transacted Business
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5400 N. Dixie Hwy., Unit #3
Boca Raton, FL 33487
(Street Address of Principal Office)

6. 5400 N. Dixie Hwy., Unit #3
Boca Raton, FL 33487
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RUSSELL SPICER
Office Address: 5400 N. Dixie Hwy., Unit #3
Boca Raton, FL, Florida 33487
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Russell Spicer
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

RUSSELL SPICER, Managing MEMBER
5400 N. Dixie Hwy. Unit #3
Boca Raton, FL 33487

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Russell Spicer
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RUSSELL SPICER
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF WYOMING
Office of the Secretary of State

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

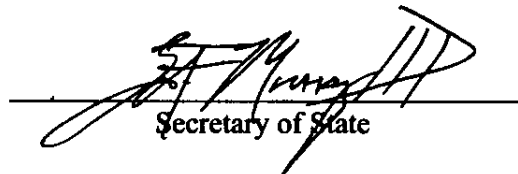
Gable Holdings, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 8, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000678806**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of September, 2015 at 8:18 AM. This certificate is assigned 018603524.




Secretary of State