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SECRETARY OF STATE
AND SECRETARY OF STATE
OR OTHER PROPERTY.



COVER LETTER

TO:		istration Section ision of Corporation	ns							
SURIF	СТ•	GMF Florida, LLC								
SOBJE	SUBJECT:Name of Limited Liability Company									
			reign Limited Liability Com ed to register the above refer							
Please re	eturn	all correspondence	concerning this matter to the	follo	wing:					
		Katharina Todo	d							
			N	ame	of Person					
		Alpine Accoun	ating							
	Firm/Company									
	9830 Quail Run									
	Address									
		North Fort My	ers, FL 33917							
		1010014 - 11 - 1	City/S	state a	and Zip Code				_	
		katharine@ssiats	s.com							
For furth	ner in	formation concerning	E-mail address: (to be use g this matter, please call:	d for	future annual	report not	ification)	SECRE	2016 JAN	
Katharine Todd		at	239	939 12:	53	(C) -		Carriero Carriero		
		Name o	of Contact Person	_ "	Area Code	Day	time Telephon	e Number	<u>مــ</u> 0	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314				Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporation ion Section uilding centive Center (see. FL 32301	\$- 	0 F F C	
Enclosed		check for the follow 125.00 Filing Fee	ring amount: \$\Boxed{\Omega}\$\$ \$\$130.00 \text{ Filing Fee & Certificate of Status}\$\$\$		\$155.00 Filir	ig Fee &	□ \$160.00 F			cate

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. GMF. LLC	BINES HATE BISTON TENEDA.	
(Name of Fore	eign Limited Liability Company; must include "Limited Liability Company," "L.I	C.," or "LLC.")
GMF Florida, LLC		
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida. The alter "or "LLC.")	nate name must include "Limited
2. Delaware	3. 46-5089601	
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if ap	plicable)
4. 12/01/2015		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability)	
5. 53 Palm Drive		
Palm Island/Placida, Fl		
53 Dulm Drivo	(Street Address of Principal Office)	
6. 53 Palm Drive	41/44 41/4	
Palm Island/Placida, Fl		
	(Mailing Address)	
Name and street addres	ss of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Alpine Accounting & Tax Service Inc	
Office Address:	9830 Quail Run	
	North Fort Myers, FL , Florida 33917	
	(City) (Zip c	ode)
Registered agent's accept Having been named as re	tance: gistered agent and to accept service of process for the above stated limit	ed liability company at the place
designated in this applicat	tion, I hereby accept the appointment as registered agent and agree to a	ct in this capacity. I further agree
	ons of all statutes relative to the proper and complete performance of m ny position as registered agent.	
. ,	1 (look)	2016 ACL/
	(Registered agent's signature)	The second second
8. The name, title or capa	icity and address of the person(s) who has/have authority to manage is/are	: 85 - T
-	EO - 53 Palm Drive, Palm Island/Placida, FL 33946	
Michaela Grueneberg - Vi	ice President - 53 Palm Drive, Palm Island/Placida, FL 33946	
Anja Mengende - Vice Pre	esident - 53 Palm Drive, Palm Island/Placida, FL 33946	Öri V

 Attached is a certificate jurisdiction under the law or 	of existence, no more than 90 days old, duly authenticated by the official of which it is organized. (If the certificate is in a foreign language, a transl	having custody of records in the
of the translator must be su	ibmitted)	and of the certificate under out
	/. WM Y	
	Signature of an authorized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the Department of State constitutes a third degree felony as provided for i	that any false information in s.817.155, F.S.
	Joerg Fleck	

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GMF, 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 NINTH DAY OF JANUARY, A.D. 2016.

Authentication: 201646674

Date: 01-09-16

5475593 8300 SR# 20151500569