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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company GBSC Manager, LLC

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COVER LETTER

	egistration Section ivision of Corporation	ns					
SUBJECT	GBSC Menager, I						
SUBJECT	·		Limited Liability C	ompany	· · · · · · · · · · · · · · · · · · ·		
The enclose Existence,	ed "Application by Fo and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authorizati enced foreign limite	ion to Tre d liability	maact Business in Florida," Certificate o company to transact business in Florid		
Please retu	rn all correspondence	concerning this matter to the	following:				
	Tiffany W. Go	ough					
	Name of Person						
	c/o Wallace E	c/o Wallace Enterprises, Inc.					
	Firm/Company						
	5370 Oakdale	5370 Oakdale Road					
		Address					
	Smyrna, GA	Smyrna, GA 30082					
		City/S	tate and Zip Code				
•	tiffeny@wrede	v.com					
		E-mail address: (to be use	d for future annual r	report not	ification)		
For further	information concerning	g this matter, please call:					
Tiffany W. Gough		404 at (879-13				
_	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	a check for the follow \$125.00 Filing Fee	ving amount: G \$130.00 Filing Fee & Certificate of Status	5155.00 Filing Certified Copy	; Fee &	☐ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **GBSC Manager, LLC** (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I.I.C.") GBSC Manager (GA), 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,") Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5370 Oakdale Road Smyrna, GA 30082 (Street Address of Principal Office) 5370 Oakdale Road Smyrna, GA 30082 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Florida_33324 Plantation (C(ty) 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 complywith 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. C T Corporation System Merence Hardley Asst. Secretary (Rogistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Tiffany W. Gough 5370 Oakdale Road Smyrna, GA 30082 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) 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.

Typed or printed name of signee

Tiffany W. Gough

Control Number: 16048187

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia do hereby certify under the scal of my office that

GBSC Manager, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia-Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether of notra notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued hursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date

Form Number

ed :05/18/2016 : Georgia : 05/20/2016 :211

:13179018



B: P. Kemp Secretary of State