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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETARY OF STATE



April 8, 2016

GARY NEUMANN 1525 REDONDO LANE LAKEWOOD, NJ 08701

SUBJECT: GSN HOLDINGS LLC Ref. Number: W16000026230

We have received your document for GSN HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 116A00007232

16 MAY 24 PH 1: 42
SECRETARY OF STATE

#### **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SUBJE	GSN Holding	s LLC			
SCDJE	C1	Name	of Limited Liability	Company	<del></del>
		by Foreign Limited Liability Committed to register the above re			
Please r	eturn all correspond	ence concerning this matter to	the following:		
	Gary Neu	ımann			
	<u> </u>		Name of Person		
	GSN Hol	dings			
			Firm/Company		SECO SECO
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	_\a	Lewood, NJ	Address  O 8 7 0 1  ty/State and Zip Code		LED 24 PM 24 PM SSEE, FI
	G	Cit Cay G. GSNHoldi E-mail address: (to be			1: 42 LORIDA
For furt	her information con-	cerning this matter, please call:	:		
		loro witz lame of Contact Person	at ( <u>)18</u> Area Code	Daytime Telepho	
	MAILING ADDE Division of Corpor Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on	<b>v</b>	STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle
Enclose	d is a check for the \$125.00 Filing		& 🗆 \$155.00 Fili	_	Filing Fee, Certificate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FI-ORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Emitted 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.") (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) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 22 NW Gard Terrace 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Neuman, Owner 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.

Gary Newmann
Typed or printed name of signee

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### GSN HOLDINGS LLC

0450056940

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 03, 2016.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GARY NEUMANN 1525 REDONDO LANE LAKEWOOD, NJ 08701



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of May, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6071506224

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp

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