1116000007015

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W16-45756						



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 28, 2016

JOHN BENNETT 477 SOUTH ROSEMARY AVE, STE 323 WEST PALM BEACH, FL 33401

SUBJECT: GEMPORIA LLC Ref. Number: W16000045756

We have received your document for GEMPORIA LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00013634

COVER LETTER

TO:

TO:	Registration of	on Section Corporations	5					
SUBJE		PORIA LLC						
		-	Name of	Limited Liability	Company			
The enc Existence	losed "Appli ce, and check	ication by Fore are submitted	ign Limited Liability Comp to register the above refer	pany for Authoriza enced foreign limi	ation to Tran ted liability (sact Business company to tra	in Florida," ansact busin	Certificate of ess in Florida
Please r	eturn all cori	espondence co	oncerning this matter to the	following:				
	J(OHN BENNET	T					
			N	ame of Person				
	G	EMPORIA LL	.c					
			Fi	irm/Company				
	47	77 SOUTH RO	SEMARY AVE SUITE 32	23				
				Address			TALL STR	3 .,
	W	EST PALM B	EACH, FL 33401				LAH LAH	
			City/S	tate and Zip Code			SS	S examine Speciality
	JOI	HN@GEMPOI	RIA.COM					
			E-mail address: (to be used	d for future annual	report notif	ication)		
For furt	her informati	on concerning	this matter, please call:				ALLIA MILIA	ي
	JOHN BEN	NNETT		561 at (684-5657	7		
		Name of	Contact Person	Area Code	Dayti	me Telephone	Number	
		327			Division of Registratio Clifton Bui 2661 Exect			
Enclose	d is a check : ■ \$125.00	for the followin Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy		□ \$160.00 Fi of Status & C		

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:

(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905. F.S. to determine p 5. 477 SOUTH ROSEMARY AVE SUITE 323 WEST PALM BEACH, FL 33401 (Street Address of Principal Office) 477 SOUTH ROSEMARY AVE SUITE 323 WEST PALM BEACH, FL 33401 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable Name: JESSICA ORLANDO Office Address: 515 N. FLAGLER DR. P300 WEST PALM BEACH	in Florida. The alternate name must include "Limited (FEI number, if applicable)
Liability Company," "L.L.C." or "L.L.C." o	(FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905. F.S. to determine p 477 SOUTH ROSEMARY AVE SUITE 323 WEST PALM BEACH, FL 33401 (Street Address of Principal Office) 477 SOUTH ROSEMARY AVE SUITE 323 WEST PALM BEACH, FL 33401 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptab Name: JESSICA ORLANDO Office Address: 515 N. FLAGLER DR. P300 WEST PALM BEACH	
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(Street Address of Principal Office) 477 SOUTH ROSEMARY AVE SUITE 323 WEST PALM BEACH, FL 33401 (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptab Name: JESSICA ORLANDO Office Address: 515 N. FLAGLER DR. P300 WEST PALM BEACH	
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(Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptab Name: Office Address: WEST PALM BEACH	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable Name: Office Address: VEST PALM BEACH	arco (B)
Name: Office Address: DESSICA ORLANDO 515 N. FLAGLER DR. P300 WEST PALM BEACH	
Office Address: 515 N. FLAGLER DR. P300 WEST PALM BEACH	ble)
Office Address: 515 N. FLAGLER DR. P300 WEST PALM BEACH	ble) FLORID
	26 36 36 S
	, Florida 33401
(City) Registered agent's acceptance:	(Zip code)
Having been named as registered agent and to accept service of process for the alesignated in this application, I hereby accept the appointment as registered age to complywith the provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent. By: (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority JOHN BENNETT, DIRECTOR	ent and agree to act in this capacity. I further ag performance of my duties, and I am familiar wit
477 SOUTH ROSEMARY AVE SUITE 323	
WEST PALM BEACH, FL 33401	
O. Attached is a certificate of existence, no more than 90 days old, duly authenticat purisdiction under the law of which it is organized. (If the certificate is in a foreign of the translator must be submitted)	
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Sta	

Typed or printed name of signee

JOHN BENNETT

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GEMPORIA 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-FIFTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6034844 8300 SR# 20165443974

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

Jahrey W. Biolines, Secretary of State

Authentication: 202886707

Date: 08-25-16