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August 9, 2016

GREGORY S. BARTON 8100 MACOMB STREET GROSSE ILE, MI 48138

SUBJECT: FLORIDA DEA GSA, LLC

Ref. Number: W16000055225

We have received your document for FLORIDA DEA GSA, 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.

Articles of Organization do not meet statutory requirements, need Certificate of Good Standing or Existence,

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 116A00016834

COVER LETTER

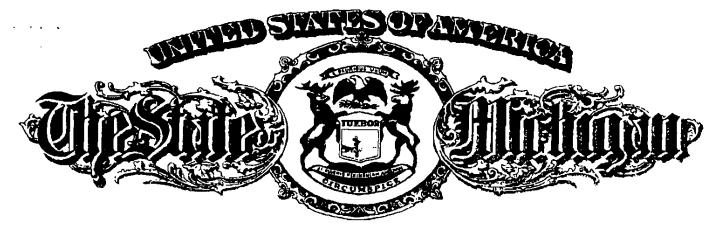
	egistration Section ivision of Corporation	s				
SUBJECT	Florida DEA GSA L	LC				
HODJEC	·	Name of I	Limited Liability C	Company	_	
					nsact Business in Florida," Cert company to transact business i	
Please retu	irn all correspondence c	oncerning this matter to the	following:			
	Gregory S Barto	on				
		Na	ame of Person			
	Florida DEA G	SA LLC				
	11	Fi	rm/Company	··		
	8100 Macomb S	Street				
			Address			
	Grosse Ile, MI	18138				
		City/Si	ate and Zip Code			
	gbarton@genesis	financial.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further	r information concerning	this matter, please call:				
(Gregory Barton		248 at (763-020	04	
-	Name o	Contact Person	Area Code	Day	time Telephone Number	
E R P	AAILING ADDRESS: Division of Corporations Legistration Section LO. Box 6327 Callahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301	
	is a check for the follow: \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certifi of Status & Certified Copy	cate

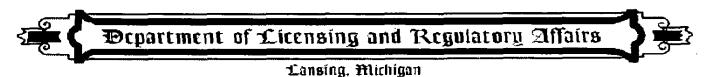
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

(Name of Pore	eign Limited Liability Company; mus	t include Ellined Ellio	only Company, L.L.	c., or ele	1	
f name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted for the purpose " or "LLC.")	of transacting business	in Florida. The altern	ate name m	ıst includ	de "Limited
Michagan		3. 81-3240035				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if appl	icable)		
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior to	registration.)			
8100 Macomb Street	(See sections 605.0904 & 605.0	0905, F.S. to determine	penalty hability)			
Grosse Ile, MI 34138						
	(Street Address of P	rincipal Office)				•
. same	(,,			r p	
·					Taria Taria	rospeci
	(Mailing A	Address)				LINE RELIGION
Name and street address	es of Florida registered agent: (P.		able)		2]
Name:	Lynn Murtagh	o. Box <u>i.o.i.</u> uccepi	,	S.F.S.	\triangleright	
Office Address:	4460 Camino REal Way, Suite	1	-	STATI ORII	2 2.22	
211120112	Fort Myers		, Florida 33966	≯	22	
	(City)		Zip co	de)		
esignated in this applica complywith the provisi	rgistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the p my position as registered agent.	ment as registered ag	gent and agree to ac	t in this ca	pacity.	I further
3. The name, title or capa Gregory S Barton MGR	acity and address of the person(s)	who has/have authors	ity to manage is/are:			
Lynn R Murtagh MGR				·		
· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	1 1 1	ertificate is in a foreig				
	✓ I/ Signature	of an authorized persor	1			
	in accordance with section 605.0)203 (1) (b), Florida S	Statutes. I am aware t			nuation
	ı l)203 (1) (b), Florida S	Statutes. I am aware t			mation

Typed or printed name of signee





This is to Certify That

FLORIDA DEA GSA, LLC

was validly organized on June 28, 2016 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1410372

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of August, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau