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то:		ration Section n of Corporation	18				
SUBJE	CT:	GOLD SHOE PROPERTY SOLUTIONS, LLC					
		Name of Limited Liability Company					
The end Existen	closed "A ce, and cl	pplication by For heck are submitte	eign Limited Liability Comp d to register the above refere	eany for Authoriza enced foreign limi	ition to Tra ted liability	nsact Business in Florida," Certificate of company to transact business in Florida	
Please 1	return all	correspondence o	concerning this matter to the	following:			
		BETHANY AMICK					
Name of Person							
		GOLD SHOE PROPERTY SOLUTIONS, LLC					
	Firm/Company						
		3941 TAMIAMI TRAIL UNIT 3157 PMB 307					
	Address						
		PUNTA GORDA FL 33950					
	City/State and Zip Code						
beth@amickfamily.com							
E-mail address: (to be used for future annual report notification)							
For furt	her infor	nation concerning	g this matter, please call:				
BETHANY AMICK		419-290 290 0246 at (0246)		16			
Name of Contact Person					ime Telephone Number		
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations				
Registration Section			Registration Section				
P.O. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclose		ck for the follow					
■ \$125.0		.00 Filing Fec	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy		☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GOLD SHOE PROPERTY SOLUTIONS, LLC (Name of Foreign Limited 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.") **NEVADA** (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability 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) 3941 TAMIAMI TRAIL UNIT 3157PMB 307 **PUNTA GORDA FL 33950** (Street Address of Principal Office) 3941 TAMIAMI TRAIL UNIT 3157 PMB 307 **PUNTA GORDA FL 33950** (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **BUSINESS FILINGS INCORPORATED** Name: 1200 SOUTH PINE ISLAND ROAD Office Address: **PLANTATION** Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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 comply with 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. Lade - Asst. Secretary for Business Filings Incorporated (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: BETHANY AMICK, MANAGER 3941 TAMIAMI TRAIL UNIT 3157 PMB 307 PUNTA GORDA FL 33950 JAMES AMICK, MANAGER 3941 TAMIAMI TRAIL UNIT 3157 PMB 307 PUNTA GORDA FL 33950 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)

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.

BETHANY AMICK

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, GOLD SHOE PROPERTY SOLUTIONS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 29, 2016, and is in good standing in this state.

C ADD C C

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 31, 2016.

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160831-1978
You may verify this electronic certificate
online at http://www.nvsos.gov/