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CAPITAL CO 417 E. Virginia Street, So (850) 224-8870 • 1-80	uite 1 • Tallahass	see, Florida 32301	
GT Dev, LLC			
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File Queality
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			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
2			Vehicle Search
			Driving Record
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			UCC 11 Retrieval
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	CO	VER LETTER	
TO: Registration Section Division of Corporati	ons		
GT DEV, LLC SUBJECT:			
	Name of	Limited Liability Company	
			insact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence	e concerning this matter to the	following:	
Kevin Mellov	v		
	N	ame of Person	
	F	irm/Company	······································
2 South Bisca	yne Blvd., Suite 3760		
		Address	n –
Miami, FL 33	9131		
	City/S	tate and Zip Code	
kevinm.klma@	gmail.com		
	E-mail address: (to be used	d for future annual report not	ification)
For further information concern	ing this matter, please call:		
		at ()	
Name	of Contact Person	Area Code Day	time Telephone Number
MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns	Division Registrat Clifton B 2661 Exe	<u>ADDRESS:</u> of Corporations ion Section uilding ecutive Center Circle see, FL 32301
Enclosed is a check for the follo \$125.00 Filing Fee	wing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKON LIMITED LABILITY COMPANYTO TRANSACT BUSINESS IN YIVE STATE OF FLORIDA:

	GT	DEV	LLC
1	U 1		,

_ Delaware

(Name of Forelen Limited Liability Co		
		L.C" or "LLC.")

(if name unavailable, enter alternate name adopted for the purpose of unnearing business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LLC.")

2. Delaware		3.	47-4638014		
(Jurisdiction under the law sompany is organized)	of which lorgign limited lightly	2.	(l'El number, il'applicable)	<u></u>	
4					
	(Date first transacted business (See sections 605.0904 & 605.09	. in 7 905.	forion is prior to registration.) F.S. to determine penalty liability)		
5. 2 South Biscayne Blvc	., Suite 3760				
Miami, FL 33131					
	(Street Address of fri	incip	a) Office)		
6. 2 South Biscayne Blvd	., Suite 3760				
Miami, FL 33131					
	(Mailing Ad	idnes	(2:		
7. Name and street addre	ss of Florida registered agent: (P.O). Bo	x <u>NOT</u> accoptable)	· •	6 SEP
Name:	AIA Registered Agent, Inc.			 	
Office Address:	5647 110th Avenue North			č.	19
	Royal Polm Beach		Florida 33411		1000
Registered agent's second	(City)	<u>ha a a a</u>	(Zip code)		မွှာ က

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 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 ablightions of my position as registered agent.

> 1 (Registered agent's signature)

S. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Kevin Mellow	Mar			-	
2 South Biscayne	Blvd. 3760		·	<u> </u>	
Manui, FL 33131				 	

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 on 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.\$17.155, F.S.

Kevin Mellow

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GT DEV, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2016.



Jeffrey W. Buttock, S

Authentication: 202994078 Date: 09-14-16

Page 1

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SR# 20165781173 You may verify this certificate online at corp.delaware.gov/authver.shtml