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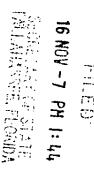
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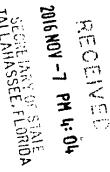
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2016

SCOTT BRAZEE 12 CORNELL RD, 1ST FLOOR LATHAM, NY 12110

SUBJECT: GP FUND SOLUTIONS, LLC

Ref. Number: W16000071389



We have received your document for GP FUND SOLUTIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 516A00022515

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	GP Fund Solutions, LLC			
	Name of Limited Liability Company			
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the case and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please	eturn all correspondence concerning this matter to the following:			
	Scott Brazee			
	Name of Person			
	GP Fund Solutions, LLC			
	Firm/Company			
	12 Cornell Rd. 1st Floor			
	Address			
	Latham, NY 12110			
City/State and Zip Code				
	scottb@gpfundsolutions.com			
	E-mail address: (to be used for future annual report notification)			
For fur	her information concerning this matter. please call:			
	Scott Brazee 518 928-0669 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclos	d is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee. Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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

IN COMPILANCE 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:

	ternate name adopted for the purpose of transact	ing business in Florida. The alternate name	must include "Limited
Liability Company," "L.L.C," New York	45.	2093153	
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
company is organized) 4. Upon registration			
+,	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	a, if prior to registration.)	
5. 12 Cornell Rd, 1st Flo		o determine permity (diomy)	
		1 199	
	(Street Address of Principal Off	lice)	<u> </u>
6. 12 Cornell Rd, 1st Floo	or, Latham, NY 12110		10
			7-7 PM
	(Mailing Address)		
7. Name and street addres	ss of Florida registered agent: (P.O. Box No.	OT_acceptable)	
Name:	InCorp Services, Inc.		26 .
Office Address:	17888 67th Court North		
Office Address:	Loxahatchee	33470	
	(City)	, Florida 33470 (Zip code)	
Registered agent's accep		القائدة المستشينة المستسم والمسال والمستشري	
Having been named as re designated in this applica to complywith the provisi	rgistered agent and to accept service of proceedion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this discomplete performance of my duties, Kathy Shin on behalf of InCorp S	capacity. I further agre and I am familiar with a
designated in this applica to complywith the provision accept the obligations of i	tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in this discomplete performance of my duties, Kathy Shin on behalf of InCorp Stagnature)	capacity. I further agre and I am familiar with a
Having been named as redesignated in this applicated in this applicate complywith the provision accept the obligations of the control of the	tion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this discomplete performance of my duties, Kathy Shin on behalf of InCorp Stagnature)	capacity. I further agre and I am familiar with a
Having been named as redesignated in this applicate to complywith the provision accept the obligations of its applications. The name, title or capa	tion, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's	gistered agent and agree to act in this discomplete performance of my duties, Kathy Shin on behalf of InCorp Stagnature)	capacity. I further agre and I am familiar with a
Having been named as redesignated in this applicate to complywith the provision accept the obligations of a second	ition, I hereby accept the appointment as resons of all statutes relative to the proper and my position as registered agent. (Registered agent's active and address of the person(s) who has/ha	gistered agent and agree to act in this discomplete performance of my duties, Kathy Shin on behalf of InCorp Stagnature)	capacity. I further agre and I am familiar with a

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.

Typed or printed name of signee

Scott Brazee

State of New York **} ss: Department of State**

I hereby certify, that GP FUND SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/29/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 12th day of August two thousand and sixteen.

Executive Deputy Secretary of State