

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000030736 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name: REGISTERED AGENTS INC.

Account Number: !20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:	

Foreign Limited Liability Company **GENDER UNLIMITED USA, LLC**

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$125.00	

Electronic Filing Menu Corporate Filing Menu Help

> O SIMMONS FEB 0 2 201?

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SÜBMITTED TO REGISTER A FOREIGN. LIMITED LLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

		•		
1. GENDER UNLIMITEI	D USA, E.E.C	et inalised 21 feetbad	Liability Company, "L.L.C.," or "L.L	7:
(Name of Porc	eigh Dimitied Diamitity Company; mit	ist include "Limited	Lizotray Company. Fig.C., or 1.3.	.u.)
(If name unavailable, enter al Liability Company," "L.L.C.		se of transacting bus	iness in Florida. The alternate name n	nust include "Limited
, NORTH CAROLINA		3. N/A		
company is organized)	of which foreign limited liability	<u> </u>	(FEI number, il applicable)	
4. N/A	·····			
	(Date first transacted busin (See sections 605,0904 & 603	ess in Florida, il pri 5.0905, F.S. to deler	or to registration.) mine penalty liability)	
5 407 PINE VALLEY R	RD, JACKSONVILLE, NC 2854	46		Sec.
·				5 7
· · · · · · · · · · · · · · · · · · ·	(Street Address of	The second of the second		· Septimental Sep
ANT DINIG VALLEY R	D, JACKSONVILLE, NC 2854			24 σ 1 e
6. 407 FRICE YALLES IN	D, JACKSON Y HILLS, INC. 2013			
	(Mailing	Address)		7
7. Name and street address	ss of Florida registered agent: (F	P.O. Box NOT ac	ceptable)	. ශ . ශ
	NORTHWEST REGISTERE		•	. 8
Name:				
Office Address:	3030 N. ROCKY POINT DR,	STETSOA		
	TAMPA		, Florida <u>33607</u>	
	(City)		(Zip code)	
Registered agent's accep	otance:	miss of arouses fo	or the above stated limited liability	v company at the place
designated in this applica	tion, I hereby accept the appoin	ntment as register	ed agent and agree to act in this collecte performance of my duties, a	capacity. I further agree
accept the obligations of	my position as registered agent.		Glove	
		.0~	alone	
	(Regi	stered agent's signa	hire)	
8. The name, title or can	acity and address of the person(s) who has/have a	thority to manage is/are:	
·	IBER, 407 PINE VALLEY RD,			
	MEMBER, 407 PINE VALLEY			, · · · · · · · · · · · · · · · · · · ·
				
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the	lays old, duly authoriticate is in a long Gl	centicated by the official having cu breign language, a translation of the	stody of records in the he certificate under oath
	Signatu	re of an authorized p	nerson	
This document is execute submitted in a document t	d in accordance with section 605 of the Department of State consti TOM GLOVER	5.0203 (1) (b), Flo itules a third degre	rida Statutes. I am aware that any fi e felony as provided for in s,817.13	alse information 55, F.S.

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

GENDER UNLIMITED USA, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 19th day of December, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

Certification# 99705483-1 Reference# 13511899- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of February, 2017.

Elaine I. Marshall

Secretary of State