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(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALLAHASSEE FLORIE



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 513639 5174517								
AUTHORIZATION Spell de man								
COST LIMIT : \$ 125.00								
ORDER DATE : February 16, 2017								
ORDER TIME : 3:04 PM								
ORDER NO. : 513639-005								
CUSTOMER NO: 5174517								
FOREIGN FILINGS								
NAME: GATOR RETAIL INVESTORS, LLC								
XXXX QUALIFICATION (TYPE: <u>LL</u>)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Gator Retail Investors, LLC							
Bobbeen _	Name of Limited Liability Company							
The enclosed Existence, and	"Application by For I check are submitte	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida," C company to transact busines	ertificate of is in Florida		
Please return a	all correspondence o	concerning this matter to the	following:					
	David Salmans	on						
	Name of Person							
	Salmanson Capital, LLC							
	Firm/Company							
	360 Madison Avenue, Suite 1902							
			Address					
	New York, NY	10017						
		City/S	tate and Zip Code					
	david@salmansc	·						
		E-mail address: (to be use	d for future annual	report not	ification)			
For further inf	ormation concernin	g this matter, please call;						
Julie M Glaser		312 at (236-47	65				
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	check for the follow 25.00 Filing Fee	ing amount: \$\text{\$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex	□ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy			

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

IN COMPLANCE 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:

Gator Retail Investors,	LI.C				
(Name of For	eign Limited Liability	Company; must include "Limited	Liability Company," "L.L.C.," o	or "1.1.(".")	-
(If name unavailable, enter a	lternate name adopted	for the purpose of transacting but	siness in Florida. The alternate na	ime must include "Lin	nited
Liability Company," "L.L.C. Delaware	n or "LLCn")				
(Jurisdiction under the law	of which foreign limi	ted liability	(FEI number, if applicable	e)	•
company is organized)	•	·	• • •		
4	(Date first tr:	insected business in Florida, if pri	or to registration)		
240.54 12 4		insacted business in Florida, if pri 05.0904 & 605.0905, F.S. to deter	mine penalty liability)		
5. 360 Madison Avenue,	Suite 1902				
New York, NY 10017					
		et Address of Principal Office)			
6. 360 Madison Avenue,	Suite 1902	······································		– 쿡	
New York, NY 10017				17 18:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:00 17:	
		(Muiling Address)			** \$
7. Name and street address	ss of Florida register	red agent: (P.O. Box NOT ac	ceptable)	B I	ही पू संकारक
Name:	Corporation Servi	ce Company		25. 25. 26. 26.	e manufacture A
	1201 Hays Street		richarding de regione de-		[7]
Office Address:			**************************************	[3] 7	1 No. Marriery
	Tallahassee	(City)	Florida 32301 (7ip code)	_ A.	
Registered agent's accep	Sance:	(City)	(71p code)	3.5	
Having been named as re	gistered agent and	to accept service of process fo	r the above stated limited liab	oility company at the	e place
designated in this applica to complywith the provisi	tion, I hereby accep ons of all statutes re	of the appointment as registere dative to the proper and comp	ed agent and agree to act in the stete performance of my dutie	his capacity. I furth rs. and Lam familia	ier agree r with and
accept the obligations of t	ny position as regis Corporation Serv	tered avent.		-	
	By:	M. Fall	_ Melissa Zer		
		(Registered agent's signatu	Asst. Vice Pre	esident	
8. The name, title or capa	icity and address of	the person(s) who has/have an	thority to manage is/are:		
David Salmanson, Membe	•	•	•		
c/o Salmanson Capital, L1	LC C			- <u> </u>	
360 Madison Avenue, Sui	te 1902, New York,			وموسيتها بم مدريق په خداه مستعد	
9. Attached is a certificate incidental and a feet of the law.	of existence, no mo	re than 90 days old, duly autho zed, (If the certificate is in a fo	enticated by the official having	custody of records	in the
of the translator must be su	Acarles adv			n me cerameate and	Cr Oxini
	And 1				
		Nignature of an authorized po	rson		
This document is executed	in accordance with	section 605,0203 (1) (b), Plori	da Statutes, I am aware that an	y faise information	
submitted in a document to	the Department of 3	State constitutes a third degree	telony as provided for in s.817	7.155, F.S.	
		David Salmanson		_	
		Typed or printed name of sign	ee		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GATOR RETAIL INVESTORS, 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 SIXTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GATOR RETAIL INVESTORS, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202051079

Date: 02-16-17

6311705 8300 SR# 20170965739