

M170000001497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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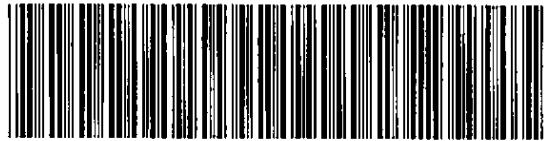
(Business Entity Name)

(Document Number)

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17 FEB 17 PM 2:49

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FEB 21 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAICHA ASSOCIATES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

~~LORIK PEAVY~~

Rosemary Slater

Name of Person

McLIN BURNSED

Firm/Company

1028 LAKE SUMTER LANDING

Address

THE VILLAGES, FL 32162

City/State and Zip Code

rosemarys

~~LORIK~~@MCLINBURNSED.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

~~LORIK PEAVY~~

Rosemary Slater

352

~~259-5012~~

259-5042

~~259-5054~~

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2017

ROSEMARY SLATER  
MCLIN BURNSED  
1028 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

SUBJECT: LAICHA ASSOCIATES LLC  
Ref. Number: W17000011904

2017 FEB 17 PM 12:24  
TALLAHASSEE, FLORIDA

We have received your document for LAICHA ASSOCIATES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 717A00002680

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 FEB 17 PM 2:49

**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:*

1. LAICHA ASSOCIATES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GLOBAL PROCUREMENT ADVISORS, 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.")

2. NEW YORK 3. 27-542350  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. DECEMBER 8, 2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 965 BAISLEY TRAIL  
THE VILLAGES, FL 32162  
(Street Address of Principal Office)

6. 965 BAISLEY TRAIL  
THE VILLAGES, FL 32161  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THOMAS M. LAICHA

Office Address: 965 BAISLEY TRAIL

THE VILLAGES, Florida 32162  
(City) (Zip code)

**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 obligations of my position as registered agent.*

Thomas Laicha  
(Registered agent's signature)

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

THOMAS M. LAICHA, MGR

965 BAISLEY TRAIL

THE VILLAGES, FL 32162

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)

Thomas Laicha  
Signature of an 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.817.155, F.S.

THOMAS M. LAICHA

Typed or printed name of signee

FILED  
CLERK OF STATE  
17 FEB 17 PM 2:49

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

I hereby certify, that LAICHA ASSOCIATES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/07/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 02nd day of February two  
thousand and seventeen.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*