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| (Re | questor's Name) | | | |
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| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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2017 APR 21 AM 9: 00
SECRETARY OF STATE

K. SALY APR 24 2017 2017 APR 21 PM 1: 4

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : ,12000,000195 |
|---|
| REFERENCE : 76047 97 1882647 |
| AUTHORIZATION : |
| COST LIMIT : \$ 155.00 |
| |
| ORDER DATE: April 18, 2017 |
| ORDER TIME : 12:15 PM |
| ORDER NO. : 604197-025 |
| CUSTOMER NO: 7882647 |
| |
| FOREIGN FILINGS |
| NAME: GB PALM BEACH LLC |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Melissa Zender EXT# 62956 |

EXAMINER:

COVER LETTER

TO: Regis

Registration Section Division of Corporations

SHRIECT

GB Palm Beach 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:

| Frank Zazzera | | | |
|---------------------------|--|--|--|
| Name of Person | | | |
| Alliance Partners HSP | | | |
| Firm/Company | | | |
| 40 Morris Ave., Suite 230 | | | |
| Address | | | |
| Bryn Mawr, PA 19010 | | | |
| City/State and Zip Code | | | |
| F7azzera@AllianceHSP.com | | | |

FZazzera@AllianceHSP.com

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

For further information concerning this matter, please call:

Frank Zazzera

...484

362-2698

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

, 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:

| | ed Liability Company; must include 1. | imited Liability Company," "L.L.C.," or "L | LLC.) |
|---|---|--|--|
| f name unavailable, enter alternate name a | dopted for the purpose of transacting business | in Florida. The alternate name neast include "Limi | ted Liability Company," "L.L.C," or "LLC.") |
| Delaware | | 3. | |
| (Jurisdiction under the law of which fi | reign limited liability company is organized) | (FE | I munber, if applicable) |
| | | | |
| | (Date first transacted business in Florida, if pro (See sections 605 0904 & 605 0905, F.S. to de | ior to registration.) | |
| 40 84 | | 6. 40 Morris Ave., Sui | le 230 · PC |
| (Street Address of Principal Office) | | | (g Address) |
| Bryn Mawr, PA 19010 | | Bryn Mawr, PA 19010 | |
| | | | 555 |
| | | | F. 64 3 |
| Name and street address of | Florida registered agent: (P.O. l | Box NOT acceptable) | Fest 9 |
| | | | <u> </u> |
| Name: | orporation Service Company | | D.C. |
| Office Address: 12 | 01 Hays Street | | · |
| _ - | .11 - 1 | 2020 | 4 |
| 13 | illahassee ' (City) | , Florida 3230 | <u> </u> |
| comply with the provisions | | per and complete performance of | act in this capacity. I further agr my duties, and I am familiar with |
| - | rporation Service Company | | Lydia Cohen |
| | | ent signature) | Asst. Vice President |
| | | | |
| . em | | 1 4 4 4 1 | |
| • • | • • • • | o has/have authority to manage is/a | |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
| • • | Name and Address: Jay Shidler | | Name and Address: Richard R Previdi |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
| Title or Capacity: | Name and Address: Jay Shidler 841 Bishop St. Ste 1700 | Title or Capacity: | Name and Address: Richard R Previdi |
| Title or Capacity: | Name and Address: Jay Shidler 841 Bishop St. Ste 1700 | Title or Capacity: | Name and Address: Richard R Previdi |
| Title or Capacity: Member | Name and Address: Jay Shidler 841 Bishop St. Ste 1700 Nonolulu, HI 96813 LBCW, LP 40 Morris Ave. Ste 230 | Title or Capacity: Member | Name and Address: Richard R Previdi 40 Morris Ava. Ste 230 Bryn Musvr, PA 19010 Frank Zazzera 40 Morris Ava. Ste 230 |
| Title or Capacity: Member | Name and Address: Jay Shidler 841 Bishop St Sta 1700 Honolulu, HI 96813 LBCW, LP | Title or Capacity: Member | Name and Address: Richard R Previdi 40 Morris Ava. Ste 230 Bryn Mauvr, PA 19010 Frank Zazzera |
| Title or Capacity: Member Member | Name and Address: Jay Shidler 841 Bishop St. Ste 1700 Honoldu, HI 96813 LBCW, LP 40 Morris Ave. Ste 230 Bryn Mawr, PA 18010 | Title or Capacity: Member | Name and Address: Richard R Previdi 40 Meris Ava. Ste 230 Bryn Mawr, PA 19010 Frank Zazzera 40 Murris Ava. Ste 230 |
| Title or Capacity: Member Member Use attachments if necessary) Attached is a certificate of capacition under the law of with the translator must be submit | Name and Address: Jay Shidler 841 Bishop St Ste 1700 Horodatu, H1 96813 LBCW, LP 40 Morits Ave. Ste 230 Bryn Mawr, PA 18010 xistence, no more than 90 days of hich it is organized. (If the certifitted) | Title or Capacity: Member CFO old, duly authenticated by the officition is in a foreign language, a training training training to the content of the cont | Name and Address: Richard R Previdi 40 Morris Ave. Sie 230 Bryn Mawr. PA 19010 Frank Zazzera 40 Morris Ave. Sie 230 Bryn Mawr. PA 19010 al having custody of records in the instation of the certificate under oath |
| Title or Capacity: Member Member Use attachments if necessary) Attached is a certificate of capacition under the law of with the translator must be submit | Name and Address: Jay Shidler 841 Bishop St Ste 1700 Horodatu, H1 96813 LBCW, LP 40 Morits Ave. Ste 230 Bryn Mawr, PA 18010 xistence, no more than 90 days of hich it is organized. (If the certifitted) | Title or Capacity: Member CFO old, duly authenticated by the officition is in a foreign language, a training training training to the content of the cont | Name and Address: Richard R Previdi 40 Morris Ave. Sie 230 Bryn Mawr, PA 19010 Frank Zazzera 40 Morris Ave. Sie 230 Bryn Mawr, PA 19010 al having custody of records in the instation of the certificate under oath |
| Title or Capacity: Member Member Use attachments if necessary) Attached is a certificate of existiction under the law of wifthe translator must be submit | Name and Address: Jay Shidler 841 Bishop St Ste 1700 Horodatu, H1 96813 LBCW, LP 40 Morits Ave. Ste 230 Bryn Mawr, PA 18010 xistence, no more than 90 days of hich it is organized. (If the certifitted) | Title or Capacity: Member CFO old, duly authenticated by the officition is in a foreign language, a training training training to the content of the cont | Name and Address: Richard R Previdi 40 Morris Ave. Sie 230 Bryn Mawr. PA 19010 Frank Zazzera 40 Morris Ave. Sie 230 Bryn Mawr. PA 19010 al having custody of records in the instation of the certificate under oath |
| Title or Capacity: Member Member Use attachments if necessary) Attached is a certificate of considiction under the law of which the translator must be submited. This document is executed | Name and Address: Jay Shidler 841 Bishop St Ste 1700 Horodatu, H1 96813 LBCW, LP 40 Morits Ave. Ste 230 Bryn Matur, PA 18010 xistence, no more than 90 days of hich it is organized. (If the certifitted) Stand Japana Sign. in accordance with section 605.0 | Title or Capacity: Member CFO old, duly authenticated by the offici | Name and Address: Richard R Previdi 40 Moris Ave. Sio 230 Bryn Mawr, PA 19010 Frank Zazzera 40 Moris Ave. Sio 230 Gryn Mawr, PA 19010 al having custody of records in the instation of the certificate under oath |

Typed or printed name of signee

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "GB PALM BEACH 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 TWENTIETH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GB PALM BEACH LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2017.

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

2011 APR 21 AM 90 OR
SECRETARY OF STATE
AND A SECRETARY OF STATE
A



Authentication: 202410683

Date: 04-20-17

6384296 8300 SR# 20172681669

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