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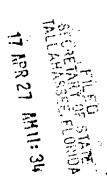
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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APR 2 8 2017 S. YOUNG



287 APR 27 PH 4:21

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 617686 4322606

AUTHORIZATION : Smell ble man

COST LIMIT : \$(/125/00

ORDER DATE: April 27, 2017

ORDER TIME : 3:40 PM

ORDER NO. : 617686-005

CUSTOMER NO: 4322606

FOREIGN FILINGS

NAME: D GABLES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

17 NPR 27 MM 11.

COVER LETTER

	stration Section ion of Corporatio	ns					
SUBJECT:	D Gables	s, LLC					
SUBJECT, _	1	Name of I	Limited Liability (Company			
		reign Limited Liability Comp ed to register the above refere					
Please return a	ill correspondence	concerning this matter to the	following:				
	Jina Lu	ıman					
	**************************************	N	ame of Person				
	Otten .	Johnson					
		Fi	rm/Company			•	
	950 17	th Street Suit	te 1600				
	· · · · · · · · · · · · · · · · · · ·		Address				
	Denve	r, CO 80202				17	\$65. 0
		City/S	tate and Zip Code	,		APA P	
	dwilliams(ngrandpeaks.com				27	
		E-mail address: (to be use	d for future annua	report not	tification)	·	
For further inf	ormation concerni	ng this matter, please call:				APR 27 AM 11: 45	7.05 9.05
Jir	na Luman		at (303	յ 575-7	7598	ដូ	
	Name	of Contact Person	Area Code	Day	time Telephone Number	•	
Divis Regi P.O.	LING ADDRESS sion of Corporation stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	F ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	check for the follog 25,00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, C of Status & Certified Co		

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:

Delaware	ame adobted not the burbose of pausicing pasiness	in Florida, The a	ilternate name must include "Limi	ited Liability Company," "L. L.	C," or "LLC.")
		3	6378817		
	hich foreign limited liability company is organized)			El number, if applicable)	
	(Date firs) transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	or to registration	n.) liability)	···-	
4582 South Ulster S			4582 South Ulster	Street Parkway	
(Street Addiess of		0.		ng Address)	
Suite 1200	1		Suite 1200		
Denver, CO 80237			Denverr 80237	**************************************	
Name and street addres	s of Florida registered agent: (P.O.	Box NOT	acceptable)		
Name:	Corporation Service Company	/			
0.00 4.4 (1201 Hays Street				-1
Office Address:	1201 Hays office				APR 2
	Tallahassee		, Florida 3230	01	\sim
	(City)			Zip code)	لــــ
ing been named as re gnated in this applica omply with the provisi	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agent. Corporation Service Company	ent as regist oper and co	ered agent and agree t	o act in this capacity f my duties, and I an Melissa Ze	. I furthet n familiar ender
ving been named as re signated in this applica comply with the provisi d accept the obligation: The name, title or capa	gistered agent and to accept service tion, I hereby accept the appointme tons of all statutes relative to the pro- st of my position as registered agent Corporation Service Company By: (Registered agent (Registered agent)	ont as regist oper and co part signature) no has/have	ered agent and agree to implete performance of the following the manage is/	o act in this capacity f my duties, and I an Melissa Ze Asst. Vice Pr	. I further n familiar ender & esident
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Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "D GABLES, 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 FOURTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "D GABLES, LLC"

WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2017.

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

17 APR 27 AHII: 45



6378817 8300 SR# 20172514906 Authentication: 202378703

Date: 04-14-17

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