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SECRETARY OF STATE

D BRUCE MAY 02 2017

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT:	GSRAN-2, L	imited Liability Company		
Existence, and check are	on by Foreign Limited Liability Compa submitted to register the above referen	nced foreign limited liability	company to transact business	in Florida
Please return all correspo	ondence concerning this matter to the factor of the factor	following: (in UPS Yammell me of Person	envelope enclo pre-paid	sed Williams
		m/Company		
	737-G Ellswort	Address	BIVA	
	Atlanta G City/St Stacy@invel E-mail address: (to be used		Com	
Stau		STREET	ADDRESS: SE	FILED
Division of Cor Registration Sec P.O. Box 6327 Tallahassee, FL	ction	Registrati Clifton B 2661 Exe	of Corporations on Section wilding cutive Center Circle ee, FL 32301	
Enclosed is a check for the \$125.00 Filing	he following amount: ng Fee \$\frac{12}{12}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee. Certified Status & Certified Copy	icate

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU	TION 605.0902, FLORIDA STATUI SINESS INTHE STATE OF FLORI	ES, THE FOLLOWIN	G IS SUBMITTED TO REC	GISTER A FOREIGN LIMITED LIABILITY
. ASR	AN-7 11C			
(Name of Foreign	Limited Liability Company; must inc	ude "Limited Liability	Company," "L.L.C.," or "LL	.C.")
~ .	ame adopted for the purpose of transacting b	ousiness in Florida. The alt	emate name must include "Limito	d Liability Company," "L.L.C," or "LLC.")
2. De lawa (Jurisdiction under the law of w	A C uch foreign lumited liability company is orga	3.	90-10:	Number if applicable)
		,	, -	
4	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, I	da, if prior to registration.))	<u> </u>
1727-6 EI	(See sections 605.0904 & 605.0905, I	1 1 2 1	ability)	WIL 00 HI 8 d
5. 1 1 5 (Street Address of P	uncipal Office)	101 10106.	AUZO HOL	Address)
Htlanta, G	2A 30318	<u>-</u>	Suite C	-513
		_	HHanta	GA 30318
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT ac	cceptable)	
Name:	michael De	Luca		
Office Address:	2234 N. F.	deral Hu	vy, Swite ?	350
	Boca Raton			ul 7 1
	(Cin	y)	, Florida <u>33</u>	1 Code)
designated in this applicat to comply with the provision	ion, I hereby accept the appol	ntment as register he proper and com	ed agent and agree to t	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
	(Regist	tered agent's agnature)		
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s		nthority to manage is/are	e: <u>Name and Address:</u>
President	John Rams	ey		
	2020 Hours	Imil Ra		- <u>R</u> - 28
	ittimua Gr	<u> </u>		
Vice-Presiden	t Michael Del 2234 N Federa Boca Ratin	Luca Luca FL 33/31	: 350	HAY - I
(Use attachments if necess	ary)			
9. Attached is a certificate of urisdiction under the law of the translator must be sul	f which it is organized. (If the	lays old, duly authorized a substitution of the substitution of th	oreign language, a trans	having chody of ecords in the lation of the certificate under oath
10. This document is executually the submitted in a document to	ted in accordance with section the Department of State constit	605.0203 (1) (b), I tutes a third degree	Florida Statutes. I am av felony as provided for	vare that any false information in s.817.155, F.S.
•	John E.	Ramsey		
		Typed or printed name	or signee	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GSRAN-Z 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 TWENTY-SIXTH DAY OF APRIL, A.D. 2017.

5417530 8300 SR# 20172835825 Authentication: 202441146

Date: 04-26-17