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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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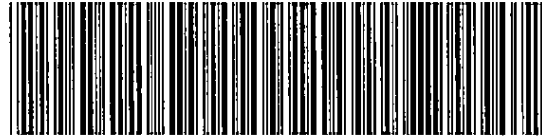
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 18 2017

J SHIVERS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GNL MANAGEMENT, 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:

**Igor Berlyant**

Name of Person

**GNL MANAGEMENT, LLC**

Firm/Company

**26 Wedgewood Drive**

Address

**Dix Hills, NY 11746**

City/State and Zip Code

**bertransit@aim.com**

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

For further information concerning this matter, please call:

**Gary**

Name of Contact Person

at ( **917** )

Area Code

**319-2976**

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:

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

GNL PROPERTIES MANAGEMENT, 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. State of New York, USA 3. 900153176  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. none  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. GNL MANAGEMENT, LLC  
(Street Address of Principal Office)  
26 Wedgewood Dr  
Dix Hills, NY 11746

6. GNL MANAGEMENT, LLC  
(Mailing Address)  
26 Wedgewood Dr  
Dix Hills, NY 11746

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

Name: Igor Berlyant

Office Address: 46 Prosperity Ln

Palm Coast, Florida 32164  
(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.

(Registered agent's signature)

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

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

Managing Member Igor Berlyant  
26 Wedgewood Dr  
Dix Hills, NY 11746

Member Yelena Livshits  
26 Wedgewood Dr  
Dix Hills, NY 11746

(Use attachments if necessary)

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)

Igor Berlyant  
(Signature of an authorized person)

10. 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.

Igor Berlyant  
(Typed or printed name of signer)

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

I hereby certify, that GNL MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/23/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 05th day of July two  
thousand and seventeen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", with a long horizontal flourish extending to the right.

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*