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17 JUL 21 PM 2:07
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ROBINSON PAYNE LLC

ANN P. CROLL, PARALEGAL
DIRECT DIAL: 847.944.9234
DIRECT FAX: 847.944.9235
ann@robinsonpayne.com

July 20, 2017

Via Federal Express

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application of Foreign LLC for GMS Family LLC

Ladies/Gentlemen:

Enclosed herewith is the following:

- 1) Cover Letter;
- 2) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (in duplicate);
- 5) Good Standing Certificate from the State of Delaware;
- 5) Our firm's check in the amount of \$130.00 to cover the filing fee and requested Certificate of Status.

Please record the Application and return one copy to me in the enclosed self-addressed envelope.

If you should have any questions with respect to this matter, please do not hesitate to contact me.

Sincerely,

ROBINSON PAYNE LLC



Ann P. Croll
Paralegal

3287.001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GMS FAMILY 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:

RUSSEL G. ROBINSON
Name of Person

ROBINSON PAYNE LLC
Firm/Company

2800 W. HIGGINS RD., STE. 160
Address

HOFFMAN ESTATES, IL 60169
City/State and Zip Code

Ann@RobinsonPayne.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Croll at (847) 882-8888
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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. GMS FAMILY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. DELAWARE 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (Fid number, if applicable)

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

5. 768 W. ROSILAND DRIVE 6. 768 W. ROSILAND DRIVE
(Street Address of Principal Office) (Mailing Address)
PALATINE, IL 60074 PALATINE, IL 60074

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

Name: PARACORP INCORPORATED
Office Address: 155 OFFICE PLAZA DRIVE, 1st FLOOR
TALLAHASSEE, Florida 32301
(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.

MILTON VONG, ASSISTANT SECRETARY 7/14/2017
(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:
<u>MANAGER</u>	<u>GREGORY SCURTO</u> <u>768 W. ROSILAND DRIVE</u> <u>PALATINE, IL 60074</u>		

(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)

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.

GREGORY SCURTO
(Typed or printed name of signee)

Delaware

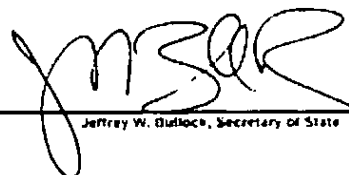
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GMS FAMILY 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 JULY, A.D. 2017.

FILED
17 JUL 21 PM 2:07
J. Bullock, Secretary of State




Jeffrey W. Bullock, Secretary of State

6209229 8300

SR# 20175246226

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

Authentication: 202889691

Date: 07-14-17