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SECRETARY OF STATE
FALLAHASSEE FLORIDA

J. HARRIE

COVER LETTER

	tration Section on of Corporation	ns	,			
SUBJECT:		Gold	Falco	n, LLC		
		•	Name of	Limited Liability	Company	
						ansact Business in Florida," Certifica y company to transact business in Flo
ease return al	ll correspondence	concerning th	is matter to the	following:		
	A	drienn	e Wine	ame of Person		
	Rich	ard A.	Hall, PC	irm/Company		
			F	irm/Company		
	1420 6	Beverly	, Rd, Su	rite 135		
) 	Address		
	McLea.	1. UA 2	12101			
		- 	City/S	itate and Zip Code	e	
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		E-mail add	ress: (to be use	d for future annua	il report no	tification)
or further info	ormation concernir	ig this matter,	please call:			
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	ING ADDRESS:					<u>CADDRESS:</u>
	on of Corporation tration Section	8				of Corporations ion Section
	Box 6327				Clifton B	
Tallah	nassee, FL 32314					ecutive Center Circle see, FL 32301
	heck for the follow					
□ /\$12	25.00 Filing Fee	☐ \$130.00 Certificate	Filing Fee & of Status	□ \$155.00 Fili Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2017

ADRIENNE WINES 1420 BEVERLY R, SUITE 135 MCLEAN, VA 22101

SUBJECT: GOLD FALCON LLC Ref. Number: W17000053039

We have received your document for GOLD FALCON LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1055.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00012925

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

	TON 605.0902, FLÖRIDA STAT <mark>t</mark> SINESS IN THE STATE OF FLO		NG IS SUBMITTED TO REGI	STER A FOREIGN LIMITED LIABILITY
(Name of Foreign I	Falcon, LLC	nclude "Limited Liabilit	y Company," "L.L.C.," or "LLC.	.")
(If name appealable, upter alternate na	one relevanted for this opening of terms outs	no horance in Electric The a	Burnata name must include "Limited 1	liability Company," "L.E. C," or "LEC,")
		-		
(Jurisdiction under the law of wh	ich loreign limited hability company is o	organized)	46-164 (Film)	mber, if applicable)
4.	January 20	13		
	(Date first transacted business in F (See sections 605 0904 & 605,090	lorida, if prior to registration 5, F.S. to determine penalty	() (rability)	
5. 1420 Beverh	y Rd, Suite 135	6.	1420 Beverly	Rd, Snite 135
Mchan, VA	22101		1420 Beverly Mchen, VA	22101
				221
/. Name and street address	s of Florida registered agent		-	
Name:	Kristine Hall			Sign -
Office Address:	301 W 413 St,	Sur 402		PH III
	Miami Beach		, Florida <u>331 </u> 4	
Registered agent's accept		City)	(Zip ¢	ode) ÇA O
Having been named as reg designated in this applicat	gistered agent and to acception, I hereby accept the app	pointment as regist	ered agent and agree to a	ed liability company at the place ct in this capacity. I further agree
	ons of all statutes relative to of my position as registere		mplete performance of m	y duties, and I am familiar with
	che	Happ		
/	(Ri	egistered agent's signature)		
8. The name, title or capa-	city and address of the perso	on(s) who has/have	authority to manage is/are:	:
Title or Capacity: Managina	Name and Addre		itle or Capacity:	Name and Address:
member	Talal Jol	nany _		
	<u>Switci35</u>	ing lar,		
	Mcleaniva	4 22101		
				
				112-121
(Use attachments if necess	ary)			
	of which it is organized. (If I			having custody of records in the ation of the certificate under oath
	*			
	 -	Signature of an author	orized person	
	ited in accordance with secti the Department of State cor			are that any false information n s.817.155, F.S.

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 "GOLD FALCON 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 FIFTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLD FALCON LLC"

WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2012.

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

Authentication: 202541631

Date: 05-15-17

5265848 8300 SR# 20173509424