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(R	Requestor's Name)	
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(C	ity/State/Zip/Phone #)	<del></del>
PICK-UP	MAIT	MAIL
(B	Business Entity Name)	<del></del>
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: August 11, 2017		
Name: Marisa Kugelmann		
Reference #:L099572		
Entity Name: GATEWAY RENELLIE, LLC		
✓ Articles of Incorporation/Authorization to Transact Business		
☐ Amendment	$\overline{\nu}_{c} \approx$	
☐ Change of Agent	2017 AUG SECKETA ALLAHA	-17
Reinstatement	SSS NATION	
Conversion	Eas 2	
☐ Merger	STATE LORIDA	
☐ Dissolution/Withdrawal	<i>p</i>	
Fictitous Name		
Other		
Authorized Amount: \$125.00		

© CORPORATE HQ COGENCY GLOBALING. ICE 40 ST, 10 FE NY NY 16016 800.221.0102

+1.212.947.7200

FIEUROPEAN HQ
COGENCY GEOBAL (UK) TIM TED
FEGSFRED MENGLAND KNA FS
GEOSTER DATE
6 BENIS MARKS, 11 FL
LONDON FCSA 784

LONDON EC3A /3A +44 (0)20.3786.1090 \* ASIA PACIFIC HQ COGENCY GLOBAL (HK) HMBED 4-046 FORGL WITH COVERNY ENENTRUS PLAZA, 12 HF, 199 DES YOEUX RD CENTRAL HONG KONG +852,3975,1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

#### COVER LETTER

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TO: Registration Section Division of Corporati	ons						
SUBJECT:	GATEWA	Y RENELLIE. LLC					
	Name of	Limited Liability	Company	- <del>-</del>			
The enclosed "Application by F Existence, and check are submit							
Please return all correspondence	e concerning this matter to the	following:					
	MA	ARGO MCCABE					
	,	ame of Person					
	_	LACERA					
<del></del>	F	irm Company					
	300 N. L	AKE AVE, SUITE 6	620		TAISC SEC	2617	
		Address			医筋		
	PASA	ADENA, CA 91101		) () ()	ASST ASST	2017 AUG 1.1	ר ר
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	ммсса	BE@LACERA.COI	vi .	· c		A 10: 5:	(
For further information concerni	E-mail address: (to be use ing this matter, please call:	d for future annua	l report no	utication) C	57.	٠. در	
MAD	GO MCCABE	676		685-4663			•
<del></del>	of Contact Person	at (626 Area Code	) Day	vtime Telephone Num	ber		
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton F 2661 Ex	TADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301			
Enclosed is a check for the follo ±: \$125.00 Filing Fee	wing amount: _ \$130.00 Filing Fee & Certificate of Status	_ \$155.00 Fili Certified Copy		_ \$160,00 Filing For Status & Certifie			

## 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: GATEWAY RENELLIE, 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.") CALIFORNIA (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) UPON APPROVAL (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 300 N LAKE AVE., SUITE 620 PASADENA, CA 91101 (Street Address of Principal Office) SAME AS PRINCIPAL ADDRESS (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee (City) 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. In further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of my position as registered agent. 101 man (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION - MANAGER 300 N. LAKE AVE, SUITE 620 PASADENA, CA 91101 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) Signature of an authorized person

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.

MARGO MCCABE
Typed or printed name of signee

#### State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GATEWAY RENELLIE, LLC

FILE NUMBER: FORMATION DATE:

201720710458 07/20/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 10, 2017.

ALEX PADILLA Secretary of State