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(Re	equestor's Name)	
(Ac	ddress)	
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(D	ocument Number)	<u> </u>
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COVER LETTER

TO:		ation Section n of Corporation	s				
SUBJ		Fulfillment LLC					
3000		_	Name of I	Limited Liability (Company		
The en	iclosed "A nce, and c	pplication by For- heck are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Trans ed liability o	sact Business in Florida," C company to transact busines	ertificate of s in Florida
Please	return all	correspondence c	oncerning this matter to the	following:			
		Andre Calixte					
			N:	ime of Person			
		Warehouse Goo	ods LLC				
			Fi	rm/Company			
		6501 Park of Co	ommerce Blvd, Suite 200				
				Address			
		Boca Raton, FL	. 33487				
			City/S	tate and Zip Code			
		acalixte@gnln.co					
			E-mail address: (to be used	for future annual	report notif	ication)	
For fu	rther infor	unation concerning	g this matter, please call:				
	Andre	Calixte		561 at (503-4288	3	
		Name o	f Contact Person	Area Code	Dayti	me Telephone Number	
	Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		
Enclo		eck for the follow 5.00 Filing Fee	ring amount: S130.00 Fiting Fee & Certificate of Status	□ \$155.00 Filit Certified Copy		☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

<u>-</u> -

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

IN COMPIJANCE 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:

	ame adopted for the purpose of transacting business in I	Pro Car Thomas Control of the Car Control of the Ca	Lablan Communication Committee
	ame adopted for the purpose of transacting business in i	3. 47-2832981	Clability Company, 15.0°C, or 15.0°C, y
2. Delaware Uurisdiction under the law of what the law of wha	uch foreign limited liability company is organized)		number, (fapplicable)
4. N/A			
4	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.)	
5. 6501 Park of Commerc		6 6501 Park of Commerce	Blvd, Suite 200
(Street Address of F	Principal Office)	(Mailing	
Boca Raton, FL 33487		Boca Raton, FL 33487	
7. Name and street addres Name:	ss of Florida registered agent: (P.O. Bo Warehouse Goods LLC	ox <u>NQT</u> acceptable)	
Office Address:	6501 Park of Commerce Blvd Suite	200	
	Boca Raton	, Florida <u>33487</u>	
Having been named as re designated in this applica	gistered agent and to accept service of tion, I hereby accept the appointme <mark>pt</mark>	(Zip of process for the above stated limit t as registered agent and agree to	act in this capacity. I further agree
Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or caps	tance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the frop s of my position as registered agent. (Registered then acity and address of the person(s) who	f process for the above stated limit as registered agent and agree to the and complete performance of the signature) has/have authority to manage is/ar	act in this capacity. I further agree ny duties, and I am familiar with
Having been named as redesignated in this applicato comply with the provise and accept the obligation. 8. The name, title or caparity:	tance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the frop s of my position as registered upont. (Registered then acity and address of the person(s) who Name and Address:	of process for the above stated limit as registered agent and agree to the and complete performance of the action of the signature) has/have authority to manage is/ar Title or Capacity:	act in this capacity. I further agree ny duties, and I am familiar with e: Name and Address:
designated in this applica to comply with the provise and accept the obligation. 8. The name, title or caps	tance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the frop s of my position as registered upont. (Registered then acity and address of the person(s) who Name and Address:	of process for the above stated limit as registered agent and agree to the er and complete performance of recommendation of the complete performance of the complete perfo	act in this capacity. I further agree ny duties, and I am familiar with
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capatitle or Capacity: Aaron LoCascio, CE	tance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the frop is of my position as registered agent. (Registered field accept and address of the person(s) who Name and Address: 6501 Park of Commerce Bly Suite 200 Boca Raton, FL 33487	of process for the above stated limit as registered agent and agree to the read complete performance of the read complete performance of the registere) has/have authority to manage is/ar Title or Capacity: Zachary Tapp, CFO	e: Name and Address: 6501 Park of Commerce Blvd Suite 200 Boca Raton, FL 33487

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY THAT "GS FULFILLMENT LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF JANUARY,

A.D. 2015, AT 4:45 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF ADDRESS OF REGISTERED AGENT, FILED THE TWENTY-SIXTH DAY OF APRIL, A.D. 2016, AT 8 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "GS FULFILLMENT LLC".

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



Authentication: 203256515

Date: 09-20-17

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