

M18000000761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

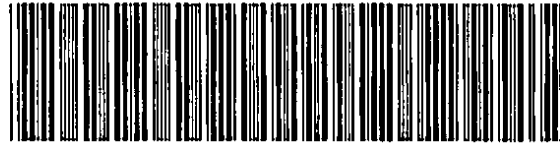
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 22 PM 4: 36
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

W18-4481

S. WARREN

JAN 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2018

JOHN T SEFTON
SHEFTALL & ASSOCIATES, PA
1 INDEPENDENT DR, SUITE 3201
JACKSONVILLE, FL 32246

SUBJECT: FIST COAST LAND AND TIMBER GS 1 LLC
Ref. Number: W18000006481

We have received your document for FIST COAST LAND AND TIMBER GS 1 LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 718A00001342

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIRST COAST LAND AND TIMBER GS I 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:

JOHN T. SEFTON

Name of Person

SHEFTALL & ASSOCIATES, P.A.

Firm/Company

1 INDEPENDENT DR., SUITE 3201

Address

JACKSONVILLE, FLORIDA 32246

City/State and Zip Code

SEFTON@SHEFTALLLAW.COM

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

For further information concerning this matter, please call:

JOHN T. SEFTON

at (904) 647-2297

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:

☒ \$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. FIRST COAST LAND AND TIMBER GS I LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. N/A

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

5. C/O RICHARD FEASER

(Street Address of Principal Office)

9 WEST 57TH ST., SUITE 5000

NEW YORK, NEW YORK 10019

6. C/O RICHARD FEASER

(Mailing Address)

9 WEST 57TH ST., SUITE 5000

NEW YORK, NEW YORK 10019

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

Name: JOHN T. SEFTON

Office Address: 1 INDEPENDENT DR., SUITE 3201

JACKSONVILLE

(City)

, Florida 32202

(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:

MANAGER

GREG ALEXANDER

9 W. 57TH ST., STE. 5000

NEW YORK, NY 10019

(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.

Signature of an authorized person

JOHN T. SEFTON

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FIRST COAST LAND AND TIMBER GS 1 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 SEVENTEENTH DAY OF JANUARY, A.D. 2018.

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


Jeffrey W. Bullock, Secretary of State

6613838 8300

SR# 20180306537

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

Authentication: 201983907

Date: 01-17-18