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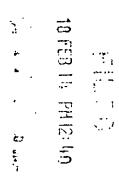
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Office Use Only



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O SIMMONS



February 8, 2018

ADRIANA PALATTO 910 N PATTERSIN ST VALDOSTA, GA 31601

SUBJECT: GATEWAY MANAGEMENT COMPANY, LLC

Ref. Number: W18000013090

We have received your document for GATEWAY MANAGEMENT COMPANY, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000139249.

The registered agent must sign accepting the designation.

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

Octavia L Simmons Regulatory Specialist II

Letter Number: 618A00002764

RECEIVED ROLLS LO

COVER LETTER

SUBJE	Gateway Develop	ment Company, LLC				
			of Limited Liability	Company	v	
The end Existen	closed "Application by Face, and check are submit	oreign Limited Liability Conted to register the above reference	mpany for Authoriz erenced foreign lim	ration to T lited liabil	Fransact Business in Florida," Co	ertifica s in Flo
Please 1	return all correspondence	concerning this matter to th	ne following:			
	Adriana Palas	to				
			Name of Person	<u> </u>		
	Coleman Tall	ey LLP				
		Firm/Company				
	910 North Pat	terson Street				
		Address				
	Valdosta, GA	31601				
		City/	State and Zip Code			
	adriana.palatto(gcolemantalley.com				
		E-mail address: (to be use	ed for future annua	report no	ntification)	
or furth	ner information concerni	ng this matter, please call:				
	Adriana Palatto		229	671-82		
	Name	of Contact Person	at (at Code	_) Day	ytime Telephone Number	
MAILING ADDRESS: Division of Corporations			STREET ADDRESS: Division of Corporations			
Registration Section P.O. Box 6327			Registrat	tion Section		
	Tallahassec, FL 32314				Building ecutive Center Circle see, FL 32301	
nclosed	is a check for the follow	ring amount:				
	S125.00 Filing Fee	□ \$130.00 Filing Fee &	🗆 \$155.00 Filin	g Fee &	□ \$160.00 Filing Fee, Certifi	cate

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: L. Gateway Management Company, LLC_ (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LEC.") Gateway Management Company Alahama, 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 "LEC.") 2 Alabama (FEI number, if applicable) (Junsdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty hability) 5. 920 Florence Blvd. 6. 920 Florence Blvd. (Street Address of Principal Office) (Mailing Address) Florence, Alabama 35630 Florence, Alabama 35630 7. Name and street address of Florida registered agent: (P.O. Box NOT-acceptable) CT Corporation System_ Name: 1200 South Pine Island Road Office Address: Plantation 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) Michael E. Jones, Asst. Secretary 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 Capacitys ·Name and Address: Allan Rappuhn Manager -920 Florence Blvd,-Florence, Alabama 35630-(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 sectron 605.0203 (1) (b), Florida Statutes. 1 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

Allan Rappuhn, Manager
Typed or printed name of signee

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Gateway Management Company, LLC was formed in Lauderdale County, Alabama on April 8, 2011. The Alabama Entity Identification number for this entity is 008-384. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180130000017290

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/30/2018

Date

X. W. Merill

John H. Merrill

Secretary of State