118000001996

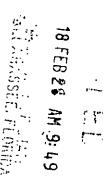
(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W18_	1020	8		

Office Use Only



600308406686

01/31/18--01012--010 **125.00



FEB 2 7 2018

Y SULKER



February 1, 2018

GREGORY A.MARX 314 HARBOR DR INDIAN ROCKS BEACH, FL 33785

SUBJECT: GAMCO MANAGEMENT SERVICES, LLC

Ref. Number: W18000010708

We have received your document for GAMCO MANAGEMENT SERVICES, 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 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.

Letter Number: 918A00002188

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO

Registration Section Division of Corporations

		Name of	Limited Liability Company	
				ansact Business in Florida," Certificate y company to transact business in Flor
ease return a	ll correspondence	concerning this matter to the	following:	
	Gregory A. Ma	nrx		
		N	ame of Person	
	Gameo Manag	ement Services, LLC		
		Fi	irm/Company	
	314 Harbor Dr	ive		
			Address	
	Indian Rocks I	Beach, FL 33785		
		City/S	tate and Zip Code	
	greg@gamcopro	pperties.com		
		E-mail address: (to be use	d for future annual report no	tification)
or further inf	ormation concernir	g this matter, please call:		
Mich	elle Moon - Moon	Accounting Services, Inc.	636 946-71	77
	Name o	of Contact Person	Area Code Day	ytime Telephone Number
Divis Regis P.O.	LING ADDRESS: ion of Corporation tration Section Box 6327 nassee, FL 32314		Division Registrat Clifton F 2661 Exc	ecutive Center Circle
			Tallahas	see, FL 32301
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Gameo Management So (Name of Foreign	ervices, ELC Limited Liability Company; must include "Limite	ed Liability	Company," "L.1,.C.," or "LLC.	.,		
G C n	uuse uussailable, enter alteruute n	name adopted for the purpose of transacting business in Flo	onda The alt	ernate name must include "Limited Li	ishilar Company " "LLC" or "LL	- (` ")	
	Missouri	and majaca to the pulpose of duranting durantes in the		26-3633518	army company, cars, or and	,	
(Jurisdiction under the law of which foreign limited liability company is organized)			٥.	3. (FEI number, (l'applicable)			
1	10/01/17						
ч.		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.	ability)			
5.	314 Harbor Drive	(See Sellois 605.0704 te 605.0705, 1.17 to teletin		314 Harbor Drive			
(Street Address of Princ		rincipal Office)		(Mailing Address)			
Indian Rooks Beach. FL 33785			Indian Rocks Beach, FL 33785				
7.	Name and street addres Name:	ss of Florida registered agent: (P.O. Box Gregory A. Marx	x <u>NOT</u> a	cceptable)			
	Office Address:	314 Harbor Drive			<u> </u>		
		Indian Rocks Beach		Florida _33785	; · · · · · · · · · · · · · · · · · · ·		
to e an	comply with the provisi d accept the obligation. The name, title or cap:	tion, I hereby accept the appointment a ions of all stantes relative to the proper s of my position or registered agent. (Registered agent's acity and address of the person(s) who has	s signature)	uthority to manage is/are:	duties, aut l'ant milli	urwith	
	Title or Capacity:	Name and Address:	<u> 1 11</u>	le or Capacity:	Name and Address:		
	Manager	Gregory A Marx 314 Harbor Drive				-	
		Indian Rocks Burch	_ _ 				
(U	ise attachments if neces	sary)					
jur	Attached is a certificate isdiction under the law the translator must be so	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)	duly auti te is in a	nenticated by the official h foreign language, a transla	naving custody of records ation of the certificate unc	in the der oath	
		o the Department of State constitutes a the		e felony as provided for in		ion	

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT. Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Gamco Management Services, LLC LC0928078

was created under the laws of this State on the 30th day of October, 2008, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF. I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 25th day of January, 2018.

Secretary of State

Certification Number: CERT-01252018-0036