M800002586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2018

GARY L.LIEBERMAN, ESQ 30195 CHAGRIN BLVD STE 300 PEPPER PIKE, OH 44124 US

SUBJECT: GL SOUTH SHORE, LLC Ref. Number: W18000013015

We have received your document for GL SOUTH SHORE, 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 418A00002754



www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations

GL SOUTH SHORE, LLC

SUBJECT:

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:

GARY L. LIEBERMAN, ESQ.

Name of Person

LIEBERMAN, DVORIN & DOWD, LLC

Firm/Company

30195 CHAGRIN BLVD., STE 300

Address

PEPPER PIKE, OH 44124

City/State and Zip Code

GARY@LDDLEGAL.COM

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

For further information concerning this matter, please call:

GARY LIEBERMAN		216 29 at ()	22-7776
Name o	f Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS:		STI	REET ADDRESS:
Division of Corporations		Div	ision of Corporations
Registration Section		Reg	istration Section
P.O. Box 6327		Clif	ton Building
Tallahassee, FL 32314			1 Executive Center Circle
		Tall	ahassee, FL 32301
Enclosed is a check for the follow	ing amount:		
\$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fe Certified Copy	e & 🔲 \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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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 GL SOUTH SHORE, LLC

	ame adopted for the purpose of transacting business in Fk	orida. The alternate	te name must include "Limited Liability Company," "L.L.C," or "LLC	")
оню		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if appleable)	
UPON APPROVAL				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)		
30195 CHAGRIN BL		6. <u>301</u>	195 CHAGRIN BLVD., STE 300	-
(Street Address of Principal Office) PEPPER PIKE, OHIO 44124		prp	PPER PIKE, OHIO 44124	
				-
Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT accer	ntable)	
Nank and <u>succeations</u>		··· <u>· · · · ·</u> · · · · · · · · · · · ·	1	
Name:	INCORP SERVICES, INC.	<u> </u>		
Office Address:	17888 67TH COURT NORTH			
	LOXAHATCHEE		, Florida <u>33470</u>	
	(City)		IZip code)	
egistered agent's accept	stance:			
			the appre suited annaed dapping company set	ie nh
signated in this application comply with the provis	ions of all statutes relative to the prope is of my position as registered agent.	as registered er and comple	l agent and agree to act in this capacity. I find lete performance of my duties, and 1 am family	ner u ar w
signated in this application comply with the provis	ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent.	as registered er and comple	l agent and agree to act in this capacity. I find lete performance of my duties, and 1 am family	ner a ar wi
signated in this application comply with the provis	ition, I hereby accept the appointment ions of all statutes relative to the prope	as registered er and comple	l agent and agree to act in this capacity. I find lete performance of my duties, and 1 am family	ner u ar w
signated in this applied comply with the provis ad accept the obligation	ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent. <u>REASE_SEE_LETPER_E</u> (Registered agent	as registered er and comple <u>NCLOSET</u> ^(N signature)	l agent and agree to act in this capacity. I find lete performance of my duties, and Lam family D	ner u ar w
signated in this applied comply with the provis ad accept the obligation . The name, title or cap	ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent.	as registered er and comple <u>MCLOSET</u> (signature) has/have autho	l agent and agree to act in this capacity. I find lete performance of my duties, and Lam family D	ner u ar w
signated in this applied comply with the provis ad accept the obligation . The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent. <u>REASE SEE (ETFR &</u> (Registered agent bacity and address of the person(s) who here and Address:	as registered er and comple <u>MCLOSET</u> (signature) has/have autho	l agent and agree to act in this capacity. I find lete performance of my duties, and Lam family D	ner u ar w
signated in this applied comply with the provis ad accept the obligation . The name, title or cap	ation, I hereby accept the appointment sions of all statutes relative to the prope- as of my position as registered agent. <u>REASE SEE (ETPER &</u> (Registered agent) bacity and address of the person(s) who h <u>Name and Address:</u> GARY L. LIEBERMAN	as registered er and comple <u>MCLOSET</u> (sugnature) has/have autho <u>Title (</u>	l agent and agree to act in this capacity. I find lete performance of my duties, and Lam family D bority to manage is/are: or Capacity: Name and Address	ner u ar w
signated in this applied comply with the provised accept the obligation . The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointment sions of all statutes relative to the prope as of my position as registered agent. <u>REASE SEE (ETFR &</u> (Registered agent bacity and address of the person(s) who here and Address:	as registered er and comple <u>MCLOSET</u> (sugnature) has/have autho <u>Title (</u>	l agent and agree to act in this capacity. I find lete performance of my duties, and Lam family D bority to manage is/are: or Capacity: Name and Address	ner u ar w

(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 (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 GARY L. LIEBERMAN

Typed or printed name of signee



3773 Howard Hughes Parkway Suite 500S Las Vegas, NV 89169

Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

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January 26, 2018

Corporations Division

Florida Department of State **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office is located at 17888 67th Court North, Loxahatchee, FL 33470, herein consents to act as Registered Agent for **GL SOUTH SHORE, LLC** for purposes and services only related to the Florida Department of State. 3

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00 p.m. PST. STELELONDA **...**... ഗ

Sincerely,

InCorp Services, Inc.

Karen Stor

Karen Gibson, Processor on behalf of InCorp Services, Inc.

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

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I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GL SOUTH SHORE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4125243, was organized within the State of Ohio on January 17, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.





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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of January, A.D. 2018.

on Hasted

Ohio Secretary of State

Validation Number: 201802502770