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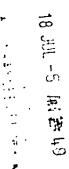
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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## COVER LETTER

TO:

| TO:  |  | ation Section<br>n of Corporations       | ì  |   |   |   |                               |
|--|--|--|--|---|---|---|-------------------------------|
| CUDIE  |  | EP CORPORATE                             |  |   |   |   |                               |
| SUDJE  | Name of Limited Liability Company  |  |  |   |   |   |                               |
| The end<br>Existen   | closed "A  | pplication by Fore<br>heck are submitted | ign Limited Liability Compa<br>to register the above referen | any for Authorizat<br>aced foreign limite   | ion to Trar<br>d liability                          | nsact Business in Florida," (<br>company to transact busine | Certificate of ss in Florida. |
| Please 1   | return all   | correspondence co                        | oncerning this matter to the f                               | ollowing:   |   |   |                               |
|  |  | Gabriel                                  | a E. Palmieri  |   |   |   |                               |
|  |  | Name of Person                           |  |   |   |   |                               |
|  |  | GEP CORPORATE SERVICES, LLC              |  |   |   |   |                               |
|  |  | Firm/Company                             |  |   |   |   |                               |
|  |  | 1513 Algardi Avenue                      |  |   |   |   |                               |
|  |  | Address                                  |  |   |   |   |                               |
|  |  | Coral Gables, FL 33146                   |  |   |   |   |                               |
|  |  | City/State and Zip Code                  |  |   |   |   |                               |
|  |  | gpalmieri@gpalmierilaw.com               |  |   |   |   |                               |
|  | E-mail address: (to be used for future annual report notificati                                    |  |  |   | fication)   |   |                               |
| For fur  | ther infor   | mation concerning                        | this matter, please call:                                    |   |   |   |                               |
|  | Gabriela E. Palmieri  Name of Contact Person   |  |  | 201 232<br>at ( )   |   | 2-9893  |                               |
|  |  |  |  |   | time 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 |  |  |  |   | ☐ \$160.00 Filing Fee, Ce of Status & Certified Cop |   |                               |

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

IN COMPLIANCE WITH SECTION 605.0XIC, FLORIDA STATUTES: THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: GEP CORPORATE SERVICES, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If more unavailable, enter alternate name accorded for the purpose of mansacting outsides in Florida. The alternate name must include "Limited Liability Company" "LLC," or "LLC," or "LLC," n Delaware (FE) gumber, if applicable) (Purisdiction under the law of which foreign lengted liability company is organized) (Date first transacted pusiness in Florida, if prior to requirming) (See sections 605,0904 & 605,0905; F.S. to determine penalty liability) 1513 Algardi Avenue 5. 1513 Algardi Avenue (Mailing Address) (Street Address of Principal Office) Coral Gables, FL 33146 Coral Gables, FL 33146 7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1207 Hays Street Office Address. Tallahassee 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. Assistant Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Name and Address: Name and Address: Title or Capacity: Title or Capacity: Gabriela E. Palmieri Manager & President 1513 Algardi Avenue Coral Gables, FL 33146 (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 fellowy as provided for in 5.817.155. F.S.



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

DELAWARE, DO HEREBY CERTIFY "GEP CORPORATE SERVICES, 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 TWENTY-NINTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEP CORPORATE SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2018.

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

Authentication: 202989542

Date: 06-29-18

6745458 8300 SR# 20185454323 Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF 'GEP CORPORATE SERVICES, LLC', FILED IN THIS OFFICE ON THE SIXTH DAY OF FEBRUARY, A.D. 2018, AT 1:36 O'CLOCK P.M.



Authentication: 202106517

Date: 02-07-18

6745458 8100 SR# 20180766553 State of Delaware
Secretary of State
Division of Corporations
Delivered 01:36 PM 02/06/2018
FILED 01:36 PM 02/06/2018
SR 20180766553 - File Number 6745458

## STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

| i. The name of the limited                 | nability company is GEP Corporate Services, LLC             |
|--|---|
|  |   |
| <ol><li>The Registered Office of</li></ol> | f the limited liability company in the State of Delaware is |
| located at 251 Little Falls Drive          | (street)  |
| in the City of Wilmington                  | , Zip Code 19808 The  |
| name of the Registered Agent at            | such address upon whom process against this limited         |
| liability company may be served            | is Corporation Service Company                              |
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|  | By: Jaluniell   |
|  | ` Authorized Person   |
|  |   |
|  |   |
|  | Name: Gabriela E Palmie                                     |
|  | Print or Type   |