## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP

Account Number : I20060000021 : (561)833-9800 Phone Fax Number : (561)655-5551

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

STEVEN

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Foreign Limited Liability Company GATEWAY FLORIDA LLC

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JUL 17 2018

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Corporate Filing Menu

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## **COVER LETTER**

TO:	Registration Section Division of Corporation	nş			
SUBJI	GATEWAY FLOR	IDA LLC			
5000.		Name of	Limited Liability C	ompany	<del></del>
The en	closed "Application by For	reign Limited Liability Comp ed to register the above refer	oany for Authorizat enced foreign limit	ion to Tra ed liability	ansact Business In Florida," Certificate y company to transact business in Florid
Please	return all correspondence	concerning this matter to the	following;		
	Steven L. Dani	els			
		N	ame of Person		4
	Saul Ewing Ar	nstein & Lehr LLP			
		F	irm/Company		
	515 N. Flagler	Drive, 6th Floor			
			Address	-	
	West Palm Ber	ach, FL 33401			
		•	tate and Zip Code		
	<b>ろたにくら</b> へ	Daniels a S	mas. 1ug.	_	
		E-mail address: (to be use	d for future annual	report not	tification)
For fu	ther information concerning	g this matter, please call:			
	Steven L. Daniels		561	833-98	00
	Name	of Contact Person	at (Area Code	Day	rtime Telephone Number
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrate Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301
Enclos	ied is a check for the follow \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	S155,00 Filin Certified Copy	g Fce &	☐ \$160.00 Filing Fee, Certificate of Status & Certifled Copy

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

IN COMPLIANCE WITH SECTION GOLDROIT FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LINITED LIGHTLY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

elawate	name adopted for the purpose of transacting business in Fi	landa. Na alternate name meat include Tumi	ted Liability Company," "L.L.C." or "LLC.")		
Consideran under the law of w	tuch foreign limited hability company is to ganland)	3	Li reumber, (Fegraficado)e)		
		·			
Upon qualification	Hare New transported business in Florida, if prior to	TENTIFICA )			
	(Date Rest temparted Statement in Floreds, if prior to (Nan onations 605 0904 & 603,0905, F.S. to determ				
7 Penn Plaza, 11th Plo	or	6. 7 Ponn Plaze, 11th Flo	OF		
(Street Address of Principal Office) New York, NY 10001		New York, NY 10001			
	<del></del>				
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)			
	- 5				
Name:	Steven L. Daniels c/o Saul Ewing	Armstein & Lohr, LLC			
Office Address:	515 N. Flagter Drive, 6th Floor				
	West Palm Beach	, Florida <u>33401</u>			
	(Cvr)	, 1701102 (2.	g (bie)		
		<i></i>			
		-out			
	(Keyloured spent's a	loganher)			
	(Krybured spirits of the person(s) who ha	s/have authority to manage is/ar			
Title or Canacity:	Name and Address:	loganher)	re: Name and Address:		
	Name and Address: FEIL Properties L.L.C.	s/have authority to manage is/ar			
Title or Canacity:	Name and Address:	s/have authority to manage is/ar			
Title or Canacity:	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor	s/have authority to manage is/ar			
Title or Canacity:	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor	s/have authority to manage is/ar			
Title or Canacity:	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor	s/have authority to manage is/ar			
Title or Canacity: Manager	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor New York, NY 10001	s/have authority to manage is/ar	Name and Address:		
Title or Canacity: Manager  ce attachments if necessary	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor New York, NY 10001	s/have authority to manage is/ar Title or Capacity:	Name and Address:		
Title or Capacity: Manager  c attachments if necessarehed is a certificate o	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor New York, NY 10001	s/have authority to manage is/ar Title or Capacity:	Name and Address:		
Title or Capacity: Manager  c attachments if necessareched is a certificate or diction under the law of	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor New York, NY 10001  Textification of the properties of the certificate of the ce	s/have authority to manage is/ar Title or Capacity:	Name and Address:		
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Title or Capacity:  Manager  c attachments if necessa  mached is a certificate o diction under the law of the translator must be sub-	Name and Address: FEIL Properties L.L.C. 7 Penn Plaza, 11th Floor New York, NY 10001  Textification of the properties of the certificate of the ce	uly authenticated by the official is in a foreign language, a trans	Name and Address:		

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## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "GATEWAY FLORIDA 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 SIXTEENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GATEWAY FLORIDAL" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2018.

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

Authentication: 203065861

Date: 37-16-18

7/16/2018 9:15:05 AM PAGE 1/001 Fax Servor



July 16, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STEVEN L DANIELS

SUBJECT: GATEWAY FLORIDA LLC

REF: W18000064679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott Regulatory Specialist II FAX Aud. #: H18000203321 Letter Number: 318A00014521

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