M180000848

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September 10, 2018

ANNIE DAVIS 12033 CHESTER CREEK RD JACKSONVILLE, FL 32218

SUBJECT: GLADMAY PROPERTY SOLUTIONS, LLC

Ref. Number: W18000080880

We have received your document for GLADMAY PROPERTY SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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 for your filing will be considered abandoned.

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

Deborah Bruce Corporate Records Supervisor

Letter Number: 518A00018770

TO:

Registration Section
Division of Corporations

GLADMAY PROPERTY SOLUTIONS, LLC

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:

Please return an correspondence co	ncerning ans matter to the	ionowing.			
Annie D	avis				
	N	ame of Person			
GLADM	IAY PROPE		LUTIONS	S, LLC	
		irm/Company			
12033 (Chester Cree	ek Rd			
		Address		20	2016
Jacksor	nville, FL 322	218		(1.9) = (1.9) - (1.9)	SE SE
	City/S	tate and Zip Code		77. 10.44	7
Anniema	aydavis1@g	mail.com		7.4. 	A II
	E-mail address: (to be use	d for future annual	report notification)		. Si Si Si
For further information concerning	this matter, please call:		, '	روزنياء.	ယ်
Annie Davi	S	_{at} 904	314-893	31	
Name of	Contact Person	Area Code	Daytime Tele	phone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRE Division of Corpor Registration Sectio Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations n nter Circle	
Enclosed is a check for the followi ☐ \$125.00 Filing Fee	ng amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filing Certified Copy	_	.00 Filing Fee, Cos & Certified Cop	

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 LIABBITY.

Nevada (Jurisdiction under the law of which	oreign limited liability company is organized) (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine (Office)	3. (FEI pregistration) nane penalty liability)	number, if applicable)
Vevada (Jurisdiction under the law of which) 12033 Chester Cree (Street Address of Prince)	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	3. (FEI pregistration) nane penalty liability)	number, if applicable)
(Jurisdiction under the law of which 12033 Chester Cree (Street Address of Princ	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) nine pensity liability)	
12033 Chester Cred	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration) mne pensity liability)	
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(Street Address of Princ	PK HQ		22 22 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
		6. 12033 Chester Cr	eek HO Address)
		Jacksonville, FL 3	The second secon
		5257.55777.15	(0) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			
			The state of the s
Name and street address o	f Florida registered agent: (P.O. Bo.	x <u>NOT</u> acceptable)	
Name: A	nnie Davis		2 2 23 23 23
	2000 01		3,
Office Address: 1	2033 Chester Creek Rd		
J	acksonville	, Florida 32218	3
<u>-</u>	(City)		o code)
	s of all statutes relative to the prope my position as registered agent.		ited liability company at the place act in this capacity. I further agree ny duties, and I am familiar with
	of all statutes relative to the prope my position as registered agent.		act in this capacity. I further agree
	my position as registered agent.	r and complete performance of i	act in this capacity. I further agree
nd accept the obligations of	my position as registered agent. (Registered agent's	r and complete performance of t	act in this capacity. I further agree ny duties, and I am familiar with
nd accept the obligations of The name, title or capacit	(Registered agent: (Registered agent: w and address of the person(s) who had	r and complete performance of the signature) as/have authority to manage is/ar	act in this capacity. I further agree ny duties, and I am familiar with
nd accept the obligations of	my position as registered agent. (Registered agent's	r and complete performance of t	act in this capacity. I further agree ny duties, and I am familiar with
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The name, title or capacity:	w and address of the person(s) who hame and Address: Annie Davis 12033 Chester Creek Rd	r and complete performance of the signature) as/have authority to manage is/ar	act in this capacity. I further agree ny duties, and I am familiar with
The name, title or capacity:	(Registered agent: (Registered agent: and address of the person(s) who have and Address: Annie Davis	r and complete performance of the signature) as/have authority to manage is/ar	act in this capacity. I further agree ny duties, and I am familiar with
The name, title or capacit Title or Capacity: Manager	wand address of the person(s) who hame and Address: Annie Davis 12033 Chester Creek Rd Jacksonville, FL 32218	r and complete performance of the signature) as/have authority to manage is/ar	act in this capacity. I further agree ny duties, and I am familiar with
The name, title or capacity:	w and address of the person(s) who hame and Address: Annie Davis 12033 Chester Creek Rd	r and complete performance of the signature) as/have authority to manage is/ar	act in this capacity. I further agree ny duties, and I am familiar with

Typed or printed name of signee

Annie Davis

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GLADMAY PROPERTY SOLUTIONS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 14, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 27, 2018.

Ballons K. Cegevske

Barbara K. Cegavske Secretary of State

Electronic Certificate

Certificate Number: C20180827-0786