M18000010518

<u>(</u> F	Requestor's Name)
	Address)
(/	Address)
	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(I	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



300320496183

11/08/18--01021--015 ++135.50

N CULLIGAN NOV 2 7 2018

COVER LETTER

TO:	Registration Section Division of Corporati	ons				
SUBJI	Gainesville Delaw	vare TIC, LLC				
0000		Name of	f Limited Liability	Company		
The en Exister	closed "Application by F ace, and check are submit	oreign Limited Liability Con ted to register the above refe	npany for Authoriz renced foreign lim	ation to Tr	ransact Business in Florida," Ce ty company to transact business	rtificate of in Florida.
Please	return all correspondence	concerning this matter to the	e following:			
	Audrey oswic	:k				
		7	Name of Person			
	Stark Enterpr	ises				
		F	Firm/Company			
	1350 West 3rd	d Street				
			Address			
	Cleveland, Oh	nio 44113				
	<u></u>	City/5	State and Zip Code	:		
	legal@starkente	erprises.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For furt	her information concerni	ng this matter, please call:				
	Audrey Oswick		216 at (464-28	60	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle sec, FL 32301	
Enclose	d is a check for the follow ☐ \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certifi of Status & Certified Copy	icate



November 27, 2018

AUDREY OSWICK STARK ENTERPRISES 1350 WEST 3RD STREET CLEVELAND, OH 44113

SUBJECT: GAINESVILLE DELAWARE TIC, LLC

Ref. Number: W18000102637

We have received your document for GAINESVILLE DELAWARE TIC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete #7 and the Registered Agent must sign.

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) 245-6052.

Letter Number: 418A00024208

Neysa Culligan Regulatory Specialist II

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 LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fl	crids. The alternate name most include "Limited L	iability Company,"	"L.L.C," or "tl	.c.უ		
2. Delaware	which foreign limited liability company is organized)	3.			_		
(Trustarcation Audet (975 178A Of)	which to reign insuled liability company is organized)	(FEL nu	mber, if applicable)				
l	(Date for transacted business in bloods of miss to	Malphabaa					
	(Date first transacted basiness in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	time penalty hability)					
1350 West 3rd Street	Principal Office)	6. 1350 West 3rd Street	ddiass)		_		
c/o Robert L. Stark Enterprises, Inc.		(Mailing Address) c/o Robert L. Stark Enterprises, Inc.					
Cleveland, Ohio 4411	3	Cleveland, Ohio 44113			- 2		
				É	910		
. Name and street addre	ss of Florida registered agent; (P.O. Box	NOT acceptable)		₽₩	AON 810		
Name:	CT Corporation System			D.S.)V 2		
				∃S: Y≅	28		
Office Address:	1200 South Pine Island Ro	ad		L#1 /~			
				- 1			
	Plantation	, Florida <u>3332</u> 4	4		PH		
aving been named as resignated in this applica- comply with the provis	(City)	(Zip of process for the above stated limite is registered agent and agree to ac	ode) If this capac of this capac of duties, and I	ity. I furti	∵ Ne FA c her ag		
laving been named as resignated in this applicate comply with the provisind accept the obligation	otance: egistered agent and to accept service of ation, I hereby accept the appointment a ions of all statutes relative to the proper as of my pasition as registered agent. (The stateted agent)	process for the above stated limite is registered agent and agree to act and complete performance of my Kimporiy B	ode) If liability con It in this capac In duties, and I	ity. I furti	 Ne FR ice her agi		
laving been named as resignated in this applicate comply with the provisind accept the obligation	(City) otance: egistered agent and to accept service of atlon, I hereby accept the appointment a dions of all statutes relative to the proper is of my position as registered agent.	process for the above stated limite is registered agent and agree to act and complete performance of my Kimporiy B	ed liability con et in this capac duties, and I aggett secretary	ity. I furti	:: Note FACCO ther ago ar with		
laving been named as resignated in this applicate comply with the provising accept the obligation. The name, title or cap	otance: egistered agent and to accept service of ation, I hereby accept the appointment ations of all statutes relative to the proper as of my position as registered agent. (President agent acity and address of the person(s) who have	rocess for the above stated limite is registered agent and agree to accomplete performance of my Kimporiy B ASSIGNATION Sas/have authority to manage is/are: Title or Capacity:	ed liability con et in this capac duties, and I aggett secretary	elty. I furti um famili	:: Note FACCO ther ago ar with		
laving been named as resignated in this applicate comply with the provisind accept the obligation. The name, title or cap Title or Capacity:	ccity) otance: egistered agent and to accept service of attion, I hereby accept the appointment attions of all statutes relative to the proper is of my pasition as registered agent. (The started agent active and address of the person(s) who have and Address: (ASE CAMPSYNIC SON) (ASE CAMPSYNIC SON) (ASE CAMPSYNIC SON)	rocess for the above stated limite is registered agent and agree to accomplete performance of my Kimporiy B ASSIGNATION Sas/have authority to manage is/are: Title or Capacity:	ed liability con et in this capac duties, and I aggett secretary	elty. I furti um famili	:: Note FACCO ther ago ar with		
laving been named as resignated in this applicate on the provision of accept the obligation. The name, title or cap Title or Capacity:	(City) Intance: Legistered agent and to accept service of ation, I hereby accept the appointment at ations of all statutes relative to the property of my position as registered agent. (Interest agent active ac	rocess for the above stated limite is registered agent and agree to accomplete performance of my Kimporiy B ASSIGNATION Sas/have authority to manage is/are: Title or Capacity:	ed liability con et in this capac duties, and I aggett secretary	elty. I furti um famili	:: Pac e Pac her ag ar with		
Identify been named as resignated in this applicate comply with the provisional accept the obligation. The name, title or cape Title or Capacity: ALYNGAP Use attachments if necessarisdiction under the law	containce: egistered agent and to accept service of ation, I hereby accept the appointment of the property of my position as registered agent. (But distant agent and address of the person(s) who have and Address: (ASE CAMPSYNIC SON) (AS	process for the above stated limite is registered agent and agree to act and complete performance of my Kimporiy B. ASSOCIATE SASSHAVE authority to manage is/are: Title or Capacity: SOUTHWAY, U.C.	ed liability con et in this capac of duties, and I aggett secretary	ity. I furtium familio	in the		
Use attachments if necessarisdiction under the law fithe translator must be seed. This document is executed by the complex of the control of the law fithe translator must be seed. This document is executed by the control of the control of the law fithe translator must be seed.	containce: egistered agent and to accept service of ation, I hereby accept the appointment of the property of my position as registered agent. (But distant agent and address of the person(s) who have and Address: (ASE CAMPSYNIC SON) (AS	process for the above stated limite is registered agent and agree to act and complete performance of my Kimporiy B. ASSIGNATION SAS have authority to manage is/are: Title or Capacity: Sov Driamary, LCC duly authenticated by the official he is in a foreign language, a translate is in a foreign language, a translate is in a foreign language.	ed liability control in this capacy duties, and I aggett secretary Name and aving custody tion of the ceruser that any falls	of records	in the		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GAINESVILLE DELAWARE TIC, 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-EIGHTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 203978644

Date: 11-28-18

7106575 8300 SR# 20187843620