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S PRAINING

COVER LETTER

Registration Section Division of Corporations

TO:

CUB IPOT.	GM ACCOUNTING	SERVICES LLC				
SUBJECT:		Name of L	imited Liability (Company		
The enclosed Existence, as	d "Application by For nd check are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certific company to transact business in F	ate of lorida.
Please return	n all correspondence c	oncerning this matter to the	following:			
	GEORGE D M	EDINA				
		Na	me of Person			
	GM ACCOUN	TING SERVICES LLC				
		Fir	mi/Company			
	PO BOX 622					
			Address			
	OAKLAND, FI	. 34760				
		City/St	ate and Zip Code			
	MEDINA1040@					
		E-mail address: (to be used	for future annual	report not	ification)	
For further i	nformation concerning	g this matter, please call:				
GE	EORGE D MEDINA		848 at (232-105	54	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsim \$130.00 \text{Filing Fee & Certificate of Status}	S155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	:

CERTIFIED MAIL
7016 1370 0000 7254 1558

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

GM ACCOUNTING & T	Limited Liability Company; must include "Limited		
	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited l	Liability Company," "L.L.C," or "LLC.")
2 NEW JERSEY		3. 76-0720644	
	hich foreign limited liability company is organized)		imber, if applicable)
4. JANUARY 1, 2019			
·	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) e penalty liability)	
5. 2666 STARGRASS C	IRCLE	6. PO BOX 622	
(Street Address of	Principal Office)	(Mailing A	(ddress)
CLERMONT		OAKLAND	201
FL 34715		FL 34760	
			Ž T
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	23
Name:	GEORGE D MEDINA		SSS - P
	2666 STARGRASS CIRCLE		PM 4: 08
Office Address:	2000 STARCINASS CIRCLE		E5 0
	CLERMONT	. Florida ³⁴⁷¹⁵	- co
designated in this applicate to comply with the provis	(City) Otance: egistered agent and to accept service of p ntion, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent and agree to a	ed liability company at the place ct in this capacity. I further agre
Having been named as re designated in this applica o comply with the provis	(City) otance: egistered agent and to accept service of p ntion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	rocess for the above stated limit registered agent and agree to a and complete performance of m	ed liability company at the place ct in this capacity. I further agre
Having been named as re designated in this applice to comply with the provis	(City) Otance: egistered agent and to accept service of p ntion, I hereby accept the appointment as ions of all statutes relative to the proper	rocess for the above stated limit registered agent and agree to a and complete performance of m	ed liability company at the place ct in this capacity. I further agre
Having been named as redesignated in this applicate ocomply with the provisund accept the obligation. The name, title or cap Title or Capacity:	otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the properties of my position as registered agent. (Registered agent's sacity and address of the person(s) who has Name and Address:	rocess for the above stated limit registered agent and agree to a and complete performance of m Mulignature)	ed liability company at the place ot in this capacity. I further agre by duties, and I am familiar with
Having been named as redesignated in this applicate of comply with the provise and accept the obligation. The name, title or cap	otance: egistered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent. (Registered agent's sacity and address of the person(s) who has Name and Address: GEORGE D MEDINA	rocess for the above stated limit registered agent and agree to a and complete performance of m ignature) s/have authority to manage is/are	ed liability company at the place of in this capacity. I further agre by duties, and I am familiar with
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Having been named as redesignated in this applicate occupily with the provisual accept the obligation. The name, title or caparite or Caparite. Sole Membé e attachments if necessated is a certificate	otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the properties of my position as registered agent. (Registered agent's statity and address of the person(s) who has acity and address of the person(s) who has acity and address: (A GEORGE D MEDINA STANCIASS CINCLE CLEANING FE 34718	rocess for the above stated limit registered agent and agree to a and complete performance of managements. Shave authority to manage is/are Title or Capacity:	having custody of records in the

Typed or printed name of signee

GEORGE D MEDINA

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

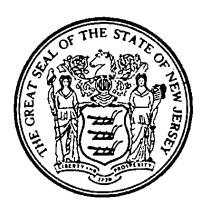
GM ACCOUNTING SERVICES LLC 0400020744

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 16, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GEORGE MEDINA 342 B Canterbury Ct. Lakewood, NJ 08701



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of December, 2018

due of Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 2374835782

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp