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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2019

JAY LIVINGSTON
393 PALM COAST PKWY SW #1
PALM COAST, FL 32137

SUBJECT: GAP SETTLEMENT SERVICES, LLC
Ref. Number: W19000039888

We have received your document for GAP SETTLEMENT SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 519A00008178

LIVINGSTON & SWORD, P.A.

Attorneys At Law

April 16, 2019

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Subject: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida
Foreign LLC: GAP SETTLEMENT SERVICES LLC

Dear Sir or Madam:

Please find the following enclosed:

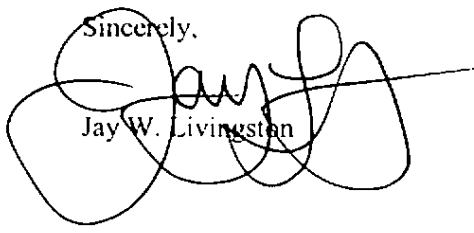
1. Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for GAP SETTLEMENT SERVICES LLC, a Pennsylvania limited liability company
2. Certificate of Existence for Pennsylvania LLC issued by the Commonwealth of Pennsylvania, Department of State dated April 10, 2019
3. Affidavit of Consent to Use Similar Name Pursuant to Section 605.0112(b), Florida Statutes
4. Articles of Dissolution for GAP SETTLEMENT SERVICES, LLC, a Florida limited liability company

My client inadvertently filed Articles of Organization for a Florida limited liability company with the same name as the above thinking that was the same as registering the foreign LLC to do business in Florida. This entity was assigned document number L18000200167 and was voluntarily dissolved pursuant to the Articles of Dissolution filed with the Division on April 15, 2019. The enclosed Affidavit of Consent was executed by Michael J. Borso, who was the manager of the dissolved Florida LLC and remains the manager of the Pennsylvania LLC, and authorizes the Pennsylvania LLC to utilize the name GAP SETTLEMENT SERVICES, LLC pursuant to the provisions of Section 605.0112(b), Florida Statutes.

Please contact me if you have any questions, comments or require additional information.

Sincerely,

Jay W. Livingston



Encls.

CC: Client

393 Palm Coast Parkway SW #1
Palm Coast, Florida 32137
T 386.439.2945
F 866.896.5573
jay.livingston314@gmail.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GAP SETTLEMENT SERVICES, 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:

Jay W. Livingston, Esq.

Name of Person

Livingston & Sword, P.A.

Firm/Company

393 Palm Coast Parkway SW #1

Address

Palm Coast, Florida 32137

City/State and Zip Code

jay.livingston314@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay W. Livingston

386

439-2945

at (_____) _____

Name of Contact Person

Area Code

Daytime 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy

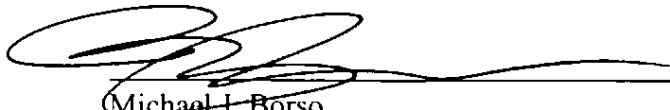


\$160.00 Filing Fee, Certificate
of Status & Certified Copy

**AFFIDAVIT OF CONSENT TO
USE SIMILAR NAME PURSUANT TO SECTION 605.0112(b), FLORIDA STATUTES**

The undersigned authorized member of GAP SETTLEMENT SERVICES, LLC, a dissolved Florida limited liability company, hereby gives consent to GAP SETTLEMENT SERVICES, LLC, a Pennsylvania limited liability company, to use the name "GAP SETTLEMENT SERVICES, LLC" in its Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida. The undersigned is the individual authorized by the Articles of Dissolution of GAP SETTLEMENT SERVICES, LLC, a dissolved Florida limited liability company, to wind up the company's activities and affairs.

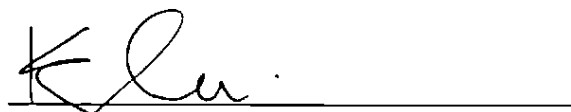
I declare under penalty of perjury that the foregoing is true and correct.



Michael J. Borso
Authorized Member
GAP SETTLEMENT SERVICES, LLC
A Dissolved Florida limited liability company

STATE OF Florida
COUNTY OF Flagler

The foregoing instrument was acknowledged before me on this 15 day of April, 2019, by Michael J. Borso. He is personally known to me or ☒ had produced a Florida Driver's License as identification.


NOTARY PUBLIC

Print Name: Kristy Goodwin
My Commission Expires: June 8, 2022

**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:

1. GAP SETTLEMENT SERVICES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0603031

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 701 W Broad Street

(Street Address of Principal Office)

Suite 101

Bethlehem, PA 18018

6. 701 W. Broad Street

(Mailing Address)

Suite 101

Bethlehem, PA 18018

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

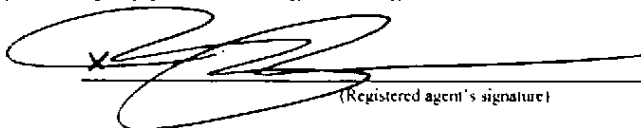
Name: Michael J. Borso

Office Address: 8000 A1A S., Unit 504

St. Augustine, Florida 32137
(City) (Zip code)

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.


(Registered agent's signature)

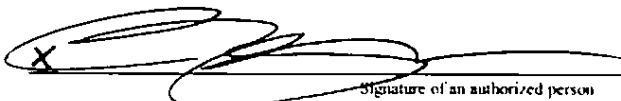
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Michael J. Borso</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8000 A1A S.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Unit 504</u>	<input type="checkbox"/> Authorized	_____
Person	<u>St. Augustine, FL 32080</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 felony as provided for in s.817.155, F.S.



Signature of an authorized person

Michael J. Borso

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

04/10/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GAP Settlement Services, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathleen Boockvar

Acting Secretary of the Commonwealth

Certification Number: TSC190410121069-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>