

7/18/2019

2019-07-17 17:46 CST

6144554-2 from: James Tanks III

Division of Corporations

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**Foreign Limited Liability Company
Frank Gay Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2019 JUL 17 17:46 CST

SECRETARY OF STATE
JUL 18 2019 10:00 AM

2019 JUL 17 AM 11:16

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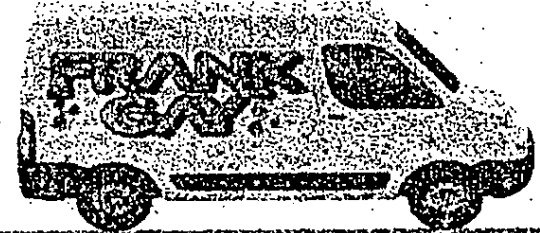
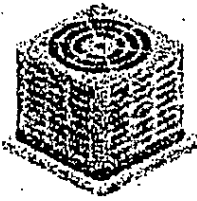
Electronic Filing Menu

Corporate Filing Menu

Help

JUL 18 2019

M. SOLOMON



Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

July 10, 2019

Re: Frank Gay Services, Inc., a Florida corporation

Dear Sir or Madam:

The undersigned hereby consents to the use of the captioned corporate name by Frank Gay Services, LLC, a Delaware limited liability company formed on June 27, 2019 and doing business under the undersigned's name, to qualify to do business in Florida using such name.

Very truly yours,

Frank Gay Services, Inc.

By:

Frank Gay, President

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. Frank Gray Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-2312895
(FBI 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. 401 E Jackson Street #3300
(Street Address of Principal Office)
6. 401 E Jackson Street #3300
(Mailing Address)
- Tampa, Florida 33602
- Tampa, Florida 33602

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

By: _____

(Registered agent's signature)

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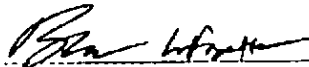
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Blake LaFayette</u>	<input type="checkbox"/> Manager	Name: <u>A.J. Brown</u>
<input type="checkbox"/> Member	Address: <u>One California Street, Ste 2900</u>	<input type="checkbox"/> Member	Address: <u>One California Street, Ste 2900</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>	<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Secretary	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Will Matson</u>	 <input type="checkbox"/> Manager	Name: <u>Daniel Cohen</u>
<input type="checkbox"/> Member	Address: <u>One California Street, Ste 2900</u>	<input type="checkbox"/> Member	Address: <u>One California Street, Ste 2900</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>	<input type="checkbox"/> Authorized	<u>San Francisco, CA 94111</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other CFO	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Vice President	<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

Blake LaFayette - Secretary

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRANK GAY SERVICES, 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. 2019.

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



7490069 8300

SR# 20196003443

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203227858

Date: 07-16-19