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To:

Division of Corporations

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: (904)359-7700

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

glandsfarms@gmail.com Email Address:

Foreign Limited Liability Company GALMT, LLC

Certificate of Status	0
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Page Count	03
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Fax:

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 POREIGN LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

GALMT, LLC	Limited Liability Company; must include "Limited	Uphility Commons "1 C" or "1 C")	_			
(Namic of Poreign	Ennited Liability Company, must include Ennited	Thronty Company, Lance, of the F				
(If name unavailable, enter alternate o	name adopted for the purpose of transacting tensiness in Flori	ida. The alternate name must include "Limited Liability Company," "L.L.C," or "L	 LC.")			
Delaware		84-2642898				
2. Jurisdiction under the law of which foreign limited liability company is organized:		3. (FEI number, if applicable)	(FEI number, if applicable)			
August 7, 2019		rgistration.) re penalty liability)				
	(Date first transacted business in Florida, if prior to u (See sections 605.0904 & 605.0905, F.S. to determine	rgistration.) ne penalty liability)				
325 County Road 13A		325 County Road 13A South Size				
(Street Address of	Prancipal Office)	6. (Mailing Address) [11] C	- 1			
Elkton, Florida 32033		Elkton, Florida 32033	_ <u>_</u>			
		ADA PA				
7. Name and <u>street addres</u> Name: Office Address:	SS of Florida registered agent. (P.O. Box Gary B. Lands 325 County Road 13A South Elkton	32033 Florida				
designated in this applicate to comply with the provis	egistered agent and to accept service of p tion, I hereby accept the appointment as	orocess for the above stated limited liability company at to segistered agent and agree to act in this capacity. I fur and complete performance of my duties, and I am family	ther ag			

08/07/2019 3:31 PM

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Fax:

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]:

Fax: (850) 617-6383

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Gary B Lands	■ Manager	Name: Austin Lands
Member	Address: 325 County Road 13A South	Member	Address: 325 County Road 13A South
Authorized	Elkton, Florida 32033	Authorized	Elkton, Florida 32033
Person		Person	
Other	Other	Other	
Manager	Name: Minh Thai	Manager	Name: Address: Fr. 9
Member	Address: 10681 E. Colonial Dr.	☐ Member	Address: Pr. 9
Authorized	Orlando, Florida 32817	Authorized	
Person		Person	SS
Other	Other	Other	Other
			Mother T
∐lManager	Name:	Manager Manager	Name:
☐Member	Address.	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Othe:

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.\$17.155, F.S.

Gary B. Lands

Typed or printed name of signee

(((H190002361873)))

Fax:

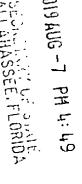


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GALMT, 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 SEVENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALMT, LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2019.

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



7551235 8300 SR# 20196393901

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

Authentication: 203368130

Date: 08-07-19