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(Business Entity Name)

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2019 AUG -5 PM 4:46
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AUG 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GELSTX 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:

JASON SILVER

Name of Person

GELSTX LLC

Firm/Company

356 W. THATCH PALM CIRCLE

Address

JUPITER, FLORIDA 33458

City/State and Zip Code

JSILVER@GELSTX.COM

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

For further information concerning this matter, please call:

CHRISTOPHER REEL

813

447-3659

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

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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

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. GELSTX LLC

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

2. PENNSYLVANIA

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

3. 82-4381462

(EIN number, if applicable)

4. NO TRANSACTED BUSINESS HAS BEEN MADE IN FLORIDA PRIOR TO THE FILING DATE.

(Date first transacted business in Florida, if prior to registration)
(See sections 602.0904 & 605.0902, F.S., to determine penalty liability.)

5. 200 Village Place

(Street Address of Principal Office)

6. 200 Village Place

(Mailing Address)

Wexford Allegheny, Pennsylvania

Wexford Allegheny, Pennsylvania

15090

15090

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

Name: JOSH MILLER

Office Address: 356 W. THATCH PALM CIRCLE

JUPITER

(City)

33458

Florida

(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)

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2019 AUG -5 PM 4:46
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Jason Silver

☒ Member Address: 356 W. THATCH PALM CIR.

☒ Authorized JUPITER, FL

Person 33458

☐ Other ☐ Other

☐ Manager Name: JON LOUNSBURY

☒ Member Address: 51 MOOSE HILL ST

☒ Authorized SHARON, MA

Person 02067

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Josh Miller

☒ Member Address: 356 W. THATCH PALM CIR.

☒ Authorized JUPITER, FL

Person 33458

☐ Other ☐ Other

☐ Manager Name: CHRISTOPHER REEL

☒ Member Address: 6496 ASH ROCK CIR.

☒ Authorized WESTERVILLE, OH

Person 43081

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

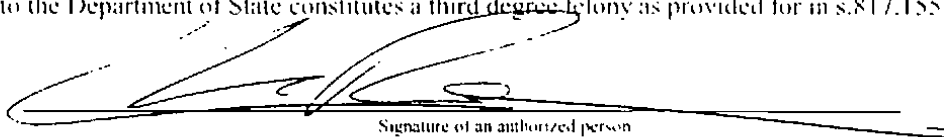
Person _____

☐ Other ☐ 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

CHRISTOPHER REEL

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/24/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GELSTX 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

Katly Brookman

Acting Secretary of the Commonwealth

Certification Number: TSC190724161771-1

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