

8/29/2019

From: GFI FaxMaker

To: *9319*13503#1*18506176383

Page: 4/8

Date: 8/29/2019 9:05:13 AM

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

13503-1
CJF/SRL

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number : 120010000202

Phone : (941)954-4691

Fax Number : (941)954-2128

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

Email Address: corporation@nhlslaw.com

RECEIVED
19 AUG 29 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FL

**Foreign Limited Liability Company
Gamut Resolutions, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2019 AUG 29 AM 11:19
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AUG 30 2019



August 28, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations
NORTON, HAMMERSLEY, LOPEZ, SKOKOS, P.A.

SUBJECT: GAMUT RESOLUTIONS, LLC
REF: W19000079437

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

FAX Aud. #: B19000258375
Letter Number: 619A00017801

P.O BOX 6327 - Tallahassee, Florida 32314

H140002609023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAMUT RESOLUTIONS, 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:

PETER Z. SKOKOS

Name of Person

NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Firm/Company

1819 MAIN STREET, SUITE 610

Address

SARASOTA, FLORIDA 34236

City/State and Zip Code

CORPORATION@NHLSLAW.COM

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

For further information concerning this matter, please call:

SARAH R. DAVIS

941

954-4691

Name of Contact Person

at ()

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

2019 AUG 29 AM 11:19

FILED

14140002609023

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. GAMUT RESOLUTIONS, 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. GEORGIA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 15129 SHEARCREST DRIVE 6. 15129 SHEARCREST DRIVE
(Street Address of Principal Office) (Mailing Address)

LITHIA, FLORIDA 33547 LITHIA, FLORIDA 33547

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

Name: PETER Z. SKOKOS

Office Address: 1819 MAIN STREET, SUITE 610

SARASOTA, Florida 34236
(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.

[Signature]
(Registered agent's signature)

2019 AUG 29 AM 11:19

FILED

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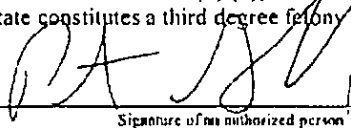
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: ROBERT L. KELLER	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 15129 SHEARCREST DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	LITHIA, FLORIDA 33547	<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 _____
<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

PETER Z. SKOKOS, AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

4190002609023

Control Number : 15065177

STATE OF GEORGIA**Secretary of State**

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GAMUT RESOLUTIONS, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17607989
Date Inc/Auth/Filed: 06/29/2015
Jurisdiction : Georgia
Print Date : 08/27/2019
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger
Secretary of State