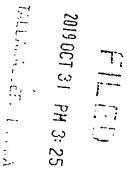
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Y SCOTT

Fax

2 pages

To: Yvette Scott

Fax Number: 850-245-6030

Phone Number: 850 - 245-6918

Date: Oct. 30,2019

From: MARK HEADRICK

Phone Number: 952-239-9797

Company: GCF Acquisation LLC

Note:

Please find the attacked Certificate
Please find the attacked Certificate
of Good Standing from the State of Delaware
for GCF Acquis thou LLE for your records.
Thanh You Mark Headrich



October 24, 2019

MARK C. HEADRICK 1480 BRACKETTS POINT RD. WAYZATA, MN 55391

SUBJECT: GCF AQUISITION LLC Ref. Number: W19000094498

We have received your document for GCF AQUISITION LLC and your check(s) totaling \$130.00. 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) 245-6051.

Letter Number: 419A00021999

Yvette Scott Document Specialist II

www.sunbiz.org

	egistration Section vivision of Corporations		
CLID IE/CT	Name of Limited	14C	
SUBJECT	Name of Limited	d Liability Company	
The enclos Existence,	sed "Application by Foreign Limited Liability Company for and check are submitted to register the above referenced for	or Authorization to Transact Business in Florida," Certificate of foreign limited liability company to transact business in Florida.	
Please retu	ırn all correspondence concerning this matter to the followi	ring:	
	MARK (' HEADA	Rerson E	
	Firm/Col	ompany 3	
	1480 BRACKETTS POLAdde	ompany Ompany Organia Ompany Ompan	
	WAYZATA, MN 5 City/State an	nd Zip Code	
	MARK HEADRICK 257 E-mail address: (to be used for fu		
For furthe	er information concerning this matter, please call:		
-	MARK C. HEADRICK at (Area Code Daytime Telephone Number	
<u>0</u> I I I	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	
Ī	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	NT OF STATE \$155.00 Filing Fee & \$160.00 Filing Fee, Certifica Certified Copy of Status & Certified Copy	.te

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA GCF AGGIS; TICN 1-1-C_
(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") DE A WELLE unsider the law of which foreign limited hability company is organized) 3. 84-3266476 (Date first transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.) 6. 3132 Fertine Way 5. 3/32 Fortune Way Wellington, Fl-7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) MARK HEADRICK Name: 3132 Fortuno Way

Wellington Florida 334/4/
(City) (City) 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.

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):

tituinge lab am (.	5) total]:		
Title or Capacity:	Name and Address:	Title or Capacity:	
<u> </u>	Name: MARK (HEADRICK	Manager Manager	Names JAMES R LEASE III
⊠Member	Address: HSO BRACKETTS	🕍 Member	Address: 23/ Stath Phillips
Authorized	Parit fu	Authorized	Unit 303
Person	LURYELATA, MASSI	Person	Sies FAIIS SD 57294
Other	Other	Other	Other
☐Manager	Name:	Manager	Name:
☐Member	Address:	☐ Member	Address:
Authorized		Authorized	<u> </u>
Person		Person	
Other	Other	Other	
Manager	Name:	Manager	Name:
☐Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
	Other	Other	Other

- 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 \$.817,155, F.S.

Signature of an authorized person

MARK C. HEIZDRICK



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GCF ACQUISITION, 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 THIRTIETH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203902384

7628060 8300

Date: 10-30-19

SR# 20197824243 You may verify this certificate online at corp.delaware.gov/authver.shtml