MOCOON

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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W19000094310
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2019 NOV -4 PM 3: 38
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2019

BRADLEY S. WEISS 2 SOUTH UNIVERSITY DRIVE SUITE:325 FORT LAUDERDALE, FL 33324

SUBJECT: GROVE GATE INVESTORS VI, LLC

Ref. Number: W19000094310

We have received your document for GROVE GATE INVESTORS VI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 519A00021913

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

Registration Section

Division of Corporations

TO:

Name of Limite	d Liability Company	
osed "Application by Foreign Limited Liability Company fo e, and check are submitted to register the above referenced l		
turn all correspondence concerning this matter to the follow	ring:	
BRADLEY S WEISS		
Name of	Person	
GROVE GATE FINANCIAL		20 S TA
Firm/Co	mpany	ECR
2 SOUTH UNIVERSITY DRIVE SUITE 325		2019 NOV -4 SECRETARI TALLAHASS
Add	ress	m –
FORT LAUDERDALE, FLORIDA 33324		PM 3: 38 OF STATE E. FLORIDA
City/State an	d Zip Code	38 38 38 S
BRADLEY.WEISS@GROVEGATE.COM		-
É-mail address: (to be used for fa	iture annual report notification)	
er information concerning this matter, please call:		
A STATE OF THE PARTY OF THE PAR	954 380-8520	areni.
		phone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRE Division of Corpor Registration Section Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations on enter Circle
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	Tallahassee, FL 32	
\$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	S160.00 Filing Fee.

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	tame adopted for the purpose of transacting business in Florida. The	ilternate name must include "Lim	nted Liability Com	sany," "L.L	, C," or "LLC"
DELAWARE	3	84-3043222	IAT 18	201	
(Jurisdiction under the law of w	luch foreign bioited hability company is organized)	¢F	Etaunber 1AT	- A0#66	=
	(Date first transacted bosiness in Florida, if pinor to registratio (See sections 605,0904 & 605,0905, F.S. to determine penalty	n)		₽ PH	m
2 SOUTH UNIVERS	ITY DRIVE	2 SOUTH UNIVERS	ラビ		O
SUITE 325	Pancipal Office)	SUITE 325	mg Addres 10 m	æ	
FORT LAUDERDAL	E, FL 33324 ss of Florida registered agent: (P.O. Box NOT	FORT LAUDERDAL	_E, FL 3332	4	
Name:	NEALE J. POLLER, ESQUIRE				
Office Address:	2 SOUTH UNIVERSITY DRIVE SUITE 33	25			
	FORT LAUDERDALE	3332 Florida	4		
	(City)		Zip code i		
signated in this applica comply with the provisi	tance: gistered agent and to accept service of process tion, I hereby accept the appointment as regist ions of all statutes relative to the proper and co s of my position as registered agent.	ered agent and agree t	o act in this e	apacity	. I further
	-700				
	(Registered agent's signature)				

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: Title or Capacity: Name and Address: Name: GGI VI GENPAR, LLC Name: Manager Manager 2 SOUTH UNIVERSITY DR ☐ Member Member Address: SUITE 325 ■Authorized Authorized FT LAUDERDALE, FL 33324 Person Person Other___ Other Other Manager Manager | Member Address: _____ Member Address: ☐ Authorized Authorized Person Person Other Other____ Other_ Other____ Manager Name: _____ Manager Manager Name: Member Member Address: ____ Authorized Authorized Person Person Other Other_____ Other_____ Other____ 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.817,155, F.S. **BRADLEY S WEISS** Typed or ponted name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "GROVE GATE INVESTORS"

VI, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OFTI STATE OF THE CERTIFICATE OF THE CERTIFICAT



Authentication: 203590738

Date: 09-13-19

State of Delaware Secretary of State Division of Corporations Delivered 08:48 AM 09/13/2019 FILED 08:48 AM 09/13/2019 SR 20197018123 - File Number 7606315

CERTIFICATE OF FORMATION

OF

GROVE GATE INVESTORS VI, LLC

The undersigned, an authorized natural person, represents that the undersigned desires to form a limited liability company pursuant to the Delaware Limited Liability Company Act. Del. Code Ann. Title 6, Chapter 18 (the "Act") and that the undersigned has executed this Certificate in compliance with the requirements of the Act. The undersigned further states that:

1. " <u>Company</u> ")	The name of the limited liability company is Grove Gate Investor.	•		•
the name and Section 18-10	The address of the registered office of the Company in the State of address of the registered agent of the Company required to be 04 of the Act at such address are as follows: Corporation Service Company 251 Little Falls Drive Wilmington, Delaware 19808	CONTRACT OF STATE	9 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	and by-
	TITNESS WHEREOF, the undersigned, being an authorized perection 18-201(a) of the Act, has executed this Certificate of Format, 2019.			

/s/ Barry D. Lapides

Barry D. Lapides, Authorized Person

To:

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GROVE GATE INVESTORS VI, 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 FIRST DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROVE GA INVESTORS VI, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER A.D. 2019.

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

7606315 8300 SR# 20197871478 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203919706

Date: 11-01-19