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2019 NOV -4 PH 3: 35
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: GCC UNIT OWNERS 3, LLC

Ref. Number: W19000094314

We have received your document for GCC UNIT OWNERS 3, 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: 119A00021914

Yvette Scott Document Specialist II

### COVER LETTER

SUBJEC	T:	me of Limited Liability	Company			
The enclo Existence	sed "Application by Foreign Limited Liability , and check are submitted to register the above	· Company for Authoriz · referenced foreign lim	ation to Transact Business ited liability company to tr	in Florida." Certificate insact business in Flori		
Please ret	urn all correspondence concerning this matter	to the following:				
	BRADLEY S WEISS					
		Name of Person		<del> </del>		
	GROVE GATE FINANCIAL, LLC			2019 NOV -4 PH SECHETARY OF TALL/HASSEE		
	Firm/Company HTD SSSS					
	2 SOUTH UNIVERSITY DRIVE SUITE 325					
		Address Front w				
	FORT LAUDERDALE, FLORIDA	33324		1 3: 39		
		City/State and Zip Cod	e			
	BRADLEY.WEISS@GROVEGATE					
	E-mail address: (to	be used for future annu-	al report notification)			
For furthe	er information concerning this matter, please c	all:				
BRADLEY S WEISS		954 at (	380-8520			
-	Name of Contact Person	Area Cod	e Daytime Telephon	e Number		
1	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center ( Tallahassee, FL 32301			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN ALMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

		256 15
me adopted for the purpose of transacting business in Ho	anda. The altern	ate name must include "Limited Liability Company," "L Lee or "LI C
		4-3086336
	3	(Fill number, if application
ich foreign hinted hability company is organized)		
		3: 39 FLORID
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) line penalty hab	day)
		SOUTH UNIVERSITY DRIVE
		(Mailing Address)
rineipal Office)		(Anting Address)
SUITE 325		UITE 325
	_	
ORT LAUDERDALE, FL 33324		ORT LAUDERDALE, FL 33324
	_	
s of Florida registered agent: (P.O. Box	x <u>NOT</u> ace	ceptable)
2 SOUTH UNIVERSITY DRIVE :		
FORT LAUDERDALE		33324 , Florida
	included for the purpose of transacting business in Florida foreign limited hability company is organized)  (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ TY DRIVE (uncipal Office)  E. FL 33324  S of Florida registered agent: (P.O. Bo)  NEALE J. POLLER, ESQUIRE	Date first transacted business in Florida, if prior to registration.)  (See sections 605 0904 & 605 0905, F.S. to determine penalty habit transacted District (P.O. Box NOT account of the prior to registration.)  E. FL 33324  S of Florida registered agent: (P.O. Box NOT account of the prior to registration.)

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: BRIAN BRONFELD Name: \_\_\_\_\_ Manager Manager 2 SOUTH UNIVERSITY DR Address: \_\_\_\_\_ Member Address: Member SUITE 325 Authorized Authorized FT LAUDERDALE, FL 33324 Person Person Other Other\_\_\_\_ Other\_ Manager Name: \_\_\_\_\_ Manager Member Address: Address: \_\_\_\_\_\_ Member Authorized Authorized Person Person Other\_\_\_\_\_ Other\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager Address: \_\_\_\_\_ Member Member 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 printed name of signee

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT OF

COPY OF THE CERTIFICATE OF FORMATION OF "GCC UNIT OWNERS 33."

LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF SEPTEMBER, LAD. 2019, AT 8:47 O'CLOCK A.M.



Authentication: 203590500

Date: 09-13-19

7606297 8100 SR# 20197018111 State of Delaware
Secretary of State
Division of Corporations
Delivered 08:47 AM 09/13/2019
FILED 08:47 AM 09/13/2019
SR 20197018111 - File Number 7606297

#### CERTIFICATE OF FORMATION

OF

#### GCC UNIT OWNERS 3, 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. The name of the limited liability company is GCC Unit Owners 3, LLC (the "Company").

2. The address of the registered office of the Company in the State of Delaware and the name and address of the registered agent of the Company required to be maintained by Section 18-104 of the Act at such address are as follows:

Corporation Service Company 251 Little Falls Drive Wilmington, Delaware 19808

IN WITNESS WHEREOF, the undersigned, being an authorized person within the meaning of Section 18-201(a) of the Act, has executed this Certificate of Formation this 12<sup>th</sup> day of September, 2019.

/s/ Barry D. Lapides

Barry D. Lapides, Authorized Person



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GCC UNIT OWNERS 3, 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 "GCC UNIT OWNERS 3, 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.

Authentication: 203919713

Date: 11-01-19