

12/27/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

Foreign Limited Liability Company
GNS II (U.S.) LLC

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

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Corporate Filing Menu

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**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. GNS II (U.S.) 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. Delaware 3. 20-1026415
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 1, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 East Kennedy Boulevard, Suite 2500 6. c/o General Counsel
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33602 101 East Kennedy Boulevard, Suite 2500
Tampa, FL 33602

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) 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.

By: C T Corporation System Tracy Kellner Tracy Kellner Asst. Secretary
(Registered agent's signature)

FILED
2019 DEC 27 PM 1:11
TAMPA, FLORIDA

FILED

2019 DEC 27 PM 1:11

TALLAHASSEE, 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: James ("Joc") C. O'Rourke
☐ Member Address: 101 East Kennedy Blvd.
☐ Authorized Suite 2500
 Person Tampa, FL 33602
☒ Other President & CEO ☐ Other

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

☒ Manager Name: Clint C. Freeland
☐ Member Address: 101 East Kennedy Blvd.
☐ Authorized Suite 2500
 Person Tampa, FL 33602
☒ Other SVP & CFO ☐ Other

☒ Manager Name: Mark J. Isaacson
☐ Member Address: 3033 Campus Drive
☐ Authorized Suite E490
 Person Plymouth, MN 55441
☒ Other SVP & Corp Sec ☐ Other

☐ Manager Name: Okechukwu ("Ok") E. Azie
☐ Member Address: 13830 Circa Crossing Drive
☐ Authorized Lithia, FL 33547
 Person
☒ Other VP & Treasurer ☐ Other

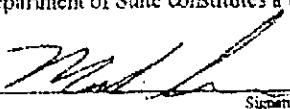
☐ Manager Name: Todd W. Madden
☐ Member Address: 3033 Campus Drive
☐ Authorized Suite E490
 Person Plymouth, MN 55441
☒ Other VP - Tax ☐ Other

☐ 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
 Mark J. Isaacson, Manager and Senior Vice President and Corporate Secretary
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GNS II (U.S.) 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2019.

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

2019 DEC 27 PM 1:11
DELAWARE SECRETARY OF STATE

FILED



3771586 8300

SR# 20198819828

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204284331

Date: 12-23-19