





Please reply to:  
101 E. Kennedy Blvd. Suite 2700  
Tampa, FL 33602  
Direct Line: 813-223-7450  
jarnrd@trenam.com

December 24, 2019

**Via FedEx**

Florida Department of State  
Attn: Tacarri Glass  
2415 N Monroe St.  
Suite 810  
Tallahassee, FL 32303

RE: Rejected Filing – GIPFL 1300 S Dale Mabry, L.L.C. a Delaware limited liability company  
Our File No. 19-2709

Ms. Glass:

In response to Document Number W19000110459, the rejected filing for foreign qualification for the referenced entity, please find the following corrective items enclosed:

1. Copy of Sunbiz Detail by Entity Name showing the rejected filing information;
2. Copy of Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Delaware Certificate of Good Standing; and
4. Our firm check No. 19992 in the amount of \$638.75, representing the amount of the penalty for transacting business in Florida prior to registration.

Sincerely,

Jennifer A. Arndt, CP, FRP  
Real Estate Paralegal

Enclosures

cc: Timothy M. Hughes, Esq.

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14628812.1

TAMPA  
Tel: 813.223.7474  
Fax: 813.229.6553

101 E. KENNEDY BOULEVARD  
SUITE 2700  
TAMPA, FL 33602

Received  
12/27/19

ST. PETERSBURG  
Tel: 727.896.7171  
Fax: 727.920.0835

200 CENTRAL AVENUE  
SUITE 1600  
ST. PETERSBURG, FL 33701

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GIPFL 1300 S Dale Mabry, 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:

Emily Cusmano

Name of Person

Generation Income Properties, Inc.

Firm/Company

401 East Jackson Street, Suite 3300

Address

Tampa, FL 33602

City/State and Zip Code

ecusmano@gipreit.com

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

For further information concerning this matter, please call:

Emily Cusmano

813

448-1234

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

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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. GIPFL 1300 S Dale Mabry, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3907695  
(FEI number, if applicable)

4. April 4, 2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 401 East Jackson Street  
(Street Address of Principal Office)

Suite 3300

Tampa, FL 33602

6. 401 East Jackson Street  
(Mailing Address)

Suite 3300

Tampa, FL 33602

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

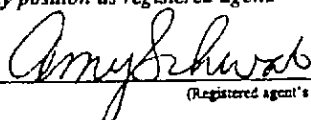
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

  
(Registered agent's signature)

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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: David Sobelman	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 401 East Jackson Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 3300	<input type="checkbox"/> Authorized	_____
Person	Tampa, FL 33602	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 _____

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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

David Sobelman  
\_\_\_\_\_  
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 "GIPFL 1300 S DALE MABRY, 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 ELEVENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GIPFL 1300 S DALE MABRY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

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

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Jeffrey W. Bullock, Secretary of State

6444946 8300

SR# 20198560827

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204186159

Date: 12-11-19