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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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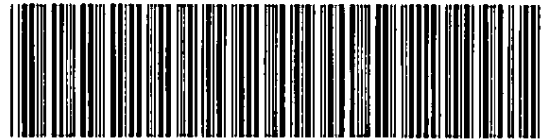
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/26/19--01022--000 **125.00

FILED
2020 DEC 26 P 2 28
TALLAHASSEE, FLORIDA

FILED

JAN 16 2020

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gutierrez Group, 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:

Maximillian Gutierrez
Name of Person

Gutierrez Group, LLC
Firm/Company

6312 Chastain Drive NE
Address

Atlanta, GA 30342
City/State and Zip Code

Maximillian. Gutierrez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Thomas at 1-800-927-9801 Ext. 638
Name of Contact Person 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

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. Gutierrez Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Gutierrez Group FL, 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4927715
(FEI number, if applicable)

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

5. 6312 Chastain Dr. NE
(Street Address of Principal Office)

6. 6312 Chastain Dr. NE
(Mailing Address)

Atlanta, GA 30342

Atlanta, GA 30342

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)

SECRET
TALLAHASSEE, FLORIDA

2020 DEC 26 P 2:28

FILED

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.

Ronique Raysor - Ronique Raysor (Assistant Secretary)

(Registered agent's signature)

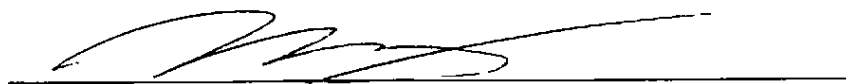
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Maximillian Gutierrez		<input type="checkbox"/> Manager	Name:	Elinor Avant	
<input type="checkbox"/> Member	Address:	6312 Chastain		<input type="checkbox"/> Member	Address:	Gutierrez	
<input type="checkbox"/> Authorized		Dr. NE		<input checked="" type="checkbox"/> Authorized		Dr. NE, Atlanta	
Person		Atlanta, GA 30342		Person		GA 30342	
<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	

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

Maximillian Gutierrez

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Gutierrez Group, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18220933
Date Inc/Auth/Filed: 03/12/2018
Jurisdiction : Georgia
Print Date : 12/23/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Amended Annual Registration

Electronically Filed

Secretary of State

Filing Date: 7/12/2019 3:45:55 PM

BUSINESS INFORMATION

BUSINESS NAME : Gutierrez Group, LLC
CONTROL NUMBER : 18035395
BUSINESS TYPE : Domestic Limited Liability Company
FILING TYPE : Amended Annual Registration

CURRENT INFORMATION ON FILE FOR PRINCIPAL ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 1401 West Paces Ferry Road NW, Unit 5409, Atlanta, GA, 30327, USA
REGISTERED AGENT NAME : Maximillian Gutierrez
REGISTERED OFFICE ADDRESS : 1401 West Paces Road NW, Unit 5409, Atlanta, GA, 30327, USA
REGISTERED OFFICE COUNTY : Fulton

CHANGES TO THE ABOVE CURRENT INFORMATION ARE INDICATED BELOW

PRINCIPAL OFFICE ADDRESS : 6312 CHASTAIN DR., ALTANTA, GA, 30342, USA
REGISTERED AGENT NAME : Maximillian Gutierrez
REGISTERED OFFICE ADDRESS : 6312 CHASTAIN DR., ALTANTA, GA, 30342, USA
REGISTERED OFFICE COUNTY : Fulton

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : Maximillian Gutierrez
AUTHORIZER TITLE : Organizer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed

Secretary of State

Filing Date: 2/16/2019 10:05:06 AM

BUSINESS INFORMATION

CONTROL NUMBER	18035395
BUSINESS NAME	Gutierrez Group, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	02/16/2019

PRINCIPAL OFFICE ADDRESS

ADDRESS	1401 West Paces Ferry Road NW, Unit 5409, Atlanta, GA, 30327, USA
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REGISTERED AGENT

NAME	ADDRESS	COUNTY
Maximillian Gutierrez	1401 West Paces Road NW, Unit 5409, Atlanta, GA, 30327, USA	Fulton

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Maximillian Gutierrez
AUTHORIZER TITLE	Organizer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Gutierrez Group, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **03/12/2018** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **03/22/2018**.



Brian P. Kemp
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 3/12/2018 12:40:52 PM

BUSINESS INFORMATION

CONTROL NUMBER	18035395
BUSINESS NAME	Gutierrez Group, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	03/12/2018

PRINCIPAL OFFICE ADDRESS

ADDRESS	1401 West Paces Ferry Road NW, Unit 5409, Atlanta, GA, 30327, USA
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REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
Maximillian Gutierrez	1401 West Paces Road NW, Unit 5409, Fulton, Atlanta, GA, 30327, USA

ORGANIZER(S)

NAME	TITLE	ADDRESS
Elinor Avant Gutierrez	ORGANIZER	1401 West Paces Ferry Road NW, Unit 5409, Atlanta, GA, 30327, USA
Maximillian Gutierrez	ORGANIZER	1401 West Paces Ferry Road NW, Unit 5409, Atlanta, GA, 30327, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Maximillian Gutierrez
AUTHORIZER TITLE	Organizer

Division of Corporations

12/23/2019

Registration Section

Please see the attached application to file foreign filing status for Gutierrez Group, LLC in Florida. I have the enclosed \$125 check for your use and submittal of this application. I also have a designated agent for this requested "Gutierrez Group, LLC" use of name in Florida.

Should you need anything else, please do not hesitate to contact me.

Best regards,

A handwritten signature in black ink, appearing to read 'Maximillian Gutierrez', with a stylized, flowing script.

Maximillian Gutierrez

Gutierrez Group, LLC

404.545.0387

Maximillian.gutierrez@gmail.com