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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

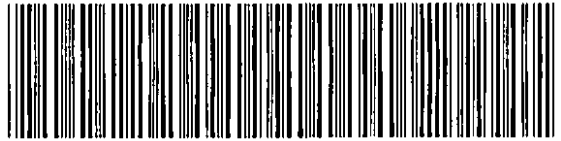
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 04 2020



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 03, 2020**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1175552**

Entity Name: **GC&E SYSTEMS GROUP, LLC**

☒ ~~Articles of Incorporation/Authorization to Transact Business~~

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **PLEASE FILE THIS SECOND**

ISSUES? CALL

David:

850-270-0082

2020 FEB -3 11 09:05

Authorized Amount: **\$125.00**

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GC&E Systems 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:

John Santacroce, CFO

Name of Person

GC&E Systems Group, LLC

Firm/Company

5835 Peachtree Corners East, Ste. A

Address

Peachtree Corners, GA 30092

City/State and Zip Code

JSantacroce@gcesg.com

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

For further information concerning this matter, please call:

John Santacroce, CFO

Name of Contact Person

at (770)

Area Code

448-3908

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

2020 FEB -3 1:09 PM

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. GC&E Systems Group, 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. Alaska 3. 58-2468870
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5835 Peachtree Corners East 6. 5835 Peachtree Corners East
(Street Address of Principal Office) (Mailing Address)

Ste A Ste A
Peachtree Corners, GA 30092 Peachtree Corners, GA 30092

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

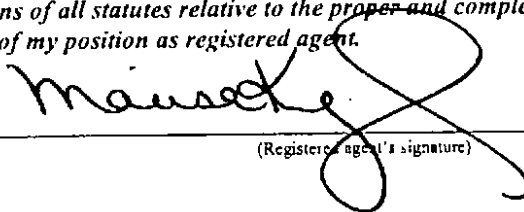
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

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) Marisa Kugelmann
Assistant Secretary

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: Dennis Hopkins
☐ Member Address: 1826 N Loop 1604 W
☐ Authorized Suite 350D
Person San Antonio, TX 78248
☐ Other _____ ☐ Other _____

☐ Manager Name: Dennis Bristol, COO
☐ Member Address: 5835 Peachtree Corners East
☒ Authorized Ste. A
Person Peachtree Corners, GA 30092
☐ Other _____ ☐ Other _____

☐ Manager Name: Edward Ferrell, Secretary
☐ Member Address: 5835 Peachtree Corners East
☒ Authorized Ste. A
Person Peachtree Corners, GA 30092
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Daniel O'Sullivan, CEO
☐ Member Address: 5835 Peachtree Corners East
☒ Authorized Ste. A
Person Peachtree Corners, GA 30092
☐ Other _____ ☐ Other _____

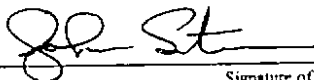
☐ Manager Name: John Santacroce, CFO
☐ Member Address: 5835 Peachtree Corners East
☒ Authorized Ste. A
Person Peachtree Corners, GA 30092
☐ Other _____ ☐ Other _____

☐ 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

John Santacroce, CFO

Typed or printed name of signee

Alaska Entity #10119308

State of Alaska
Department of Commerce, Community, and Economic Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

GC&E SYSTEMS GROUP, LLC

This entity was formed on November 27, 2019 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **January 23, 2020**.

A handwritten signature in cursive script, appearing to read "Julie Anderson".

Julie Anderson
Commissioner

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