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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: One Step GPS, 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:

Ryan Dale				
	Nanie	of Person		
One Step GP	S, LLC			
	Firm/0	Company		
675 Glenoaks	Blvd Su	uite C		
	A	ddress	· - .	
San Fernande	o, CA 91	340		
		and Zip Code		
payable@one	stepaps.	.com		
	ess: (to be used for		eport notifica	ition)
further information concerning this matter.	lease call:			
Ryan Dale	21	,818	,659-2	2031
Name of Contact Pers	a	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 a Please make check payable to: FLORI		ENT OF STAT	E	
=	0 Filing Fee & rtificate of Status	Certifie	filing Fee & d Copy	S160.00 Filing Fee, Certified Copy
				RECEIVED



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 29, 2020

.Τ

RYAN DALE 675 GLENOAKS BLVD STE C SAN FERNANDO, CA 91340

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SUBJECT: ONE STEP GPS, LLC Ref. Number: W2000009162

We have received your document for ONE STEP GPS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$125.00.

There is a fee of \$125.00 due.

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) 245-6050.

Letter Number: 020A00002161 Fling Fee Teb 2020 wounded a for Fling Fee The 2020 wounded a for Fling Fee Waat you. I wave wounded a for for with that you. I wave wounded a for for a copy week for \$125.00 as for to copy week for a check for a copy a deal for a check for a copy withiate of status? within corritinate of status? Weaton. Barrie a check for war a check for a data for a check for a copy withiate of status? Tracy L Lemieux Regulatory Specialist II

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, One Step GPS	, LLC				
(Name of Foreign	Limited Liability Company; must in	nclude "Limited Liabilit	Company," "L.L.C	," or "L1.C ")	- <u>-</u>
If name unavailable, enter alternate na	une adopted for the purpose of transaction	ig business in Florida. The a	temate name must inclu	de "Linuted Liability Company," "L I	C," or "LLC.")
, California		3	82-095		
(Jurisdiction under the law of wh	ich foreign limited liability company is o	rganized,		(FEI number, if applicable)	
4. 10 Januar					
	(Date first transacted business in F (See sections 605.0904 & 605.090	lorida, if prior to registration 5, F.S. to determine penalty	liability)		~
5. One Step		6.	One St	ep GPS, LL	<u> </u>
				-	ite C
675 Glenoak	s Blvd, Suite C		675 Gler	noaks Blvd, Su	
San Fernan	do, CA 91340		San Fer	nando, CA 9 ⁻	1340
7. Name and <u>street addres</u>	s of Florida registered agent	: (P.O. Box <u>NOT</u> :	icceptable)		1 1
Name:	Registered /	Agents In	C		
Office Address:	7901 4th St	N STE 3	00		\Box
	St. Petersbu	ırg	Florida	33702 🚆 👹	
	(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.

(Zip code)

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Ryan Dale	🗌 Manager	Name: Kevin Dale
Member	Address: 675 Glenoaks Blvd Suite C	🚺 Member	Address:675 Glenoaks Blvd Suite C
Authorized	San Fernando, CA 91340	Authorized	San Fernando, CA 91340
Person		Person	
Other	Other	Other	(]Other
Manager	Name: Adam Ben Jacob	🗌 Manager	Name:
Member	Address:		Address:
Authorized	San Fernando, CA 91340	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Nanie:	🔲 Manager	Name:
Member	Address:	🗌 Member	Address:
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. 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

Ryan Dale

Typed or printed name of signee



State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ONE STEP GPS, LLC

FILE NUMBER:201708010418FORMATION DATE:03/10/2017TYPE:DOMESTIC LIMITED LIABILITY COMPANYJURISDICTION:CALIFORNIASTATUS:ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 11, 2020.

ALEX PADILLA Secretary of State