MACCOMILI

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



Office Use Only



200350272652







CT CORP 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

8/18/2020

D	ate:	8/18/2020	- w: 1 > W
		Acc#I20160000072	4. () = V
Name:	GS FIRS	STREET SOUTH LLC	
Document #:			
Order #:	13175754	- 117	· · · · · · · · · · · · · · · · · · ·
Certified Copy of Arts & Amend:			·
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	
Filing: 🗸	Certifie Plain: COGS:	ed: 🗸	
Availability Document Examiner Updater Verifier Ref#	Amour	nt:\$ 155.00	

Thank you

COVER LETTER

Divis	sion of Corporations		
SUBJECT:	GS First Street South, LLC		
	Name o	f Limited Liability Company	
		mpany for Authorization to Transact Business in Florida," Certi erenced foreign limited liability company to transact business in	
Please return a	all correspondence concerning this matter to the	ne following:	
	Kimberly Beard, Paralegal, Venable LLP		
		Name of Person	
	Venable LLP		
		Firm/Company	
	750 East Pratt Street	- -	
		Address	
	Baltimore, Maryland 21202		
	City	State and Zip Code	
	klbeard@venable.com		
	E-mail address: (to be us	sed for future annual report notification)	
For further inf	formation concerning this matter, please call:		
Kim	berly Beard	at () 244-7668	
	Name of Contact Person	Area Code Daytime Telephone Number	
Regi Divi P.O.	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Pleas	osed is a check for the following amount: te make check payable to: FLORIDA DEPAR 125.00 Filing Fee	\times \bigvee \$155.00 Filing Fee & \square \$160.00 Filing Fee, Certifi	

TO:

Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida The	alternate name must incl	ide "Limited Liabili	ty Company," "L.L.C," or "l
Delaware		,			
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	٥.		(FEI number, it	fapplicable).
					••
	The first is a second of the s				 :
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	ne penalty	n) liability)		••
1520 First St. South			1520 First St. So	uth	
eet Address of Principal Office)		6.	(Mailing Address		
eet Address of Principal Office)			(Mailing Address	;)	
Winter Haven, Florida	33880		Winter Haven, F	lorida 33880	•
Name and street address	s of Florida registered agent: (P.O. Roy	NOT:	accentable)		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		
Name and street address	<u>s</u> of Florida registered agent: (P.O. Box	NOT:	acceptable)		
	s of Florida registered agent: (P.O. Box C T Corporation System	<u>NOT</u> :	acceptable)		
Name and street addres		NOT.	acceptable)		
	C T Corporation System	<u>NOT</u> :	acceptable)		
		<u>NOT</u> :	acceptable)		
Name:	C T Corporation System	<u>NOT</u> :	acceptable)	33324	

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.

C T Corporation System

By: Donna Peterson-Riggs, Assistant Secretary

(Registered agent's signature)

□Manager Name: Matthew Ailey □Member Address:
Person ☐Other ☐Other ☐Other ☐ ☐Manager Name: ☐ Name:
Person Greensboro, North Carolina 2740 Other Other Manager Name:
Person OtherOther
☐Manager Name:
Address:
Authorized
Person
Other Other
☐ Manager Name: ☐ Member Address:
Authorized
Person
Other Other



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GS FIRST STREET SOUTH, 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 EIGHTEENTH DAY OF AUGUST, A.D. 2020.

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

Authentication: 203488416

Date: 08-18-20