

9/16/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
GJC 2020-1 BORROWER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

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TO: Registration Section
Division of Corporations

GJC 2020-1 Borrower, LLC

SUBJECT: _____
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:

Peggy Cassin

Name of Person

Global Jet Capital

Firm/Company

83 Wooster Heights Road, Suite 503

Address

Danbury, CT 06810

City/State and Zip Code

pcassin@globaljetcapital.com

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

For further information concerning this matter, please call:

Peggy Cassin

203

448-4459

at (_____) _____

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

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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. GJC 2020-1 Borrower, LLC

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

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2825689(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. 83 Wooster Heights Road, Suite 503

(Street Address of Principal Office)

Danbury, CT 068106. 83 Wooster Heights Road, Suite 503

(Mailing Address)

Danbury, CT 068107. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Corporation Service CompanyOffice Address: 1201 Hays StreetTallahassee

(City)

, Florida

32301

(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.

By: Corporation Service Company

(Registered agent's signature)

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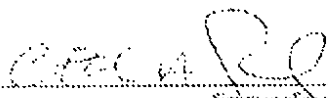
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Shawn Vick	<input type="checkbox"/> Manager	Name: James Noonan
<input type="checkbox"/> Member	Address: 83 Wooster Heights Rd, #503	<input type="checkbox"/> Member	Address: 83 Wooster Heights Rd, #503
<input type="checkbox"/> Authorized	Danbury, CT 06810	<input type="checkbox"/> Authorized	Danbury, CT 06810
Person		Person	
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Vivek Kaushal	<input type="checkbox"/> Manager	Name: David Labrozzi
<input type="checkbox"/> Member	Address: 83 Wooster Heights Rd, #503	<input type="checkbox"/> Member	Address: 83 Wooster Heights Rd, #503
<input type="checkbox"/> Authorized	Danbury, CT 06810	<input type="checkbox"/> Authorized	Danbury, CT 06810
Person		Person	
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Vice President	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Christopher Paul	<input checked="" type="checkbox"/> Manager	Name: Susan Marr
<input type="checkbox"/> Member	Address: 83 Wooster Heights Rd, #503	<input type="checkbox"/> Member	Address: 83 Wooster Heights Rd, #503
<input type="checkbox"/> Authorized	Danbury, CT 06810	<input type="checkbox"/> Authorized	Danbury, CT 06810
Person		Person	
<input checked="" type="checkbox"/> Other Vice President	<input checked="" type="checkbox"/> Other Secretary	<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 authorized person

Christopher Paul

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GJC 2020-1 BORROWER, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GJC 2020-1 BORROWER, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2020.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

3528721 8300

SR# 20207282255

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203659729

Date: 09-15-20

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