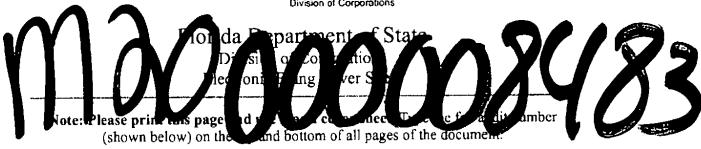
9/28/2020

Division of Corporations



(((H20000337385 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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 FIS GCS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

DocuSign Envelope ID: F94E13EF-4CFB-4F94-AA2F-2297BE9028BB

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

IN COMPLIANCE WITH SECTION 6/6/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAE

nome unsvailable, enter alternate it	must adopted for the purpose of transacting business in Flor	ida. The alternate i	name must meluce "Limited L	, гарциу Совържич, " "L. !	LC, or "ELECT
Delaware		\$2-46 3)60418		
(lunschetton under the law of wi	nich foreign limited liability company is organized)	-'·	()-l:l-nam	ber, if applie vblet	
Upon Filing					
	(Date first transacted business in Florida, if prior to re (See sections 605,6904 & 605,0905, P.S. to determine	gistralism) г penalty liability)			
601 Riverside Avenue			iverside Avenue		
treet Addiess of Principal Offices		01)	delling Address)		
Jacksonville, Florida 3.	2204	Jacks	mville, Florida 3220-	4	
		3177		74	E (2)
Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	able)		- T
Name:	C T Corporation System		_		•
Office Address:	(200) South Pine Island Road		-	37 - CA)	
	Plantation		33324 , Florida		
	(City)		(Zip code)		

ree

	C.T Corporation System
By:	The Day & Julia
	(Registred again)'s significant

Stephen Rullis VP & Asst. Secy.

DocuSign Envalope ID: F94E13EF-4CFB-4F94-AA2F-2297BE9028B8

8.	For initial indexing purposes,	list names, tit	tle or capacity and	i addresses (of the primary	members/managers	or persons	authorized to
na	nage (up to six (6) total):							

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
_Manager	Name:	≟ Manager	Name: David B. Fura
_Member	Address:	□Member	Address: 601 Riverside Avenue
∑ Authorized	Jacksonville, Florida 32204	■ Authorized	Jacksonville, Florida 32204
Person		Person	
Other		_Other	
□ Manager	Name:	∐Manager	Name:
□ Member	Address: 601 Riverside Avenue	□ Member	Address:
5. Authorized	Jacksonville, Florida 32204	Authorized	
Person	1	Person	
Other		_ Other	
[™] Manager	Name:	□Manager	Name:
T.Member	Address:	T Member	Address:
☐ Authorized		Z/Authorized	
Person		Person	
C.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 fa	dse information
submitted in a document to the Department of Contagon stitutes a third degree felony as provided for in \$.817.155. F	i.S.

David Fura	
108788602810401	Signiture of an authorized person
	David B. Fura
	Typed or printed name of signed



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FIS GCS 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203746585

Date: 09-28-20