

m200000/1292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

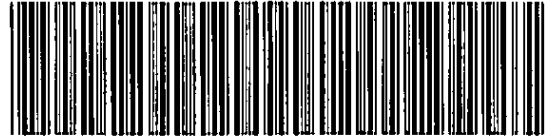
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/08/20--01033--038 **160.00

NOV 10 2020 7 PM 5:11
FBI - NEW YORK

GALLIVANT, LLC

11/4/2020

RE: REGISTERING OUR LLC WITH THE STATE OF FLORIDA

HELLO,

MY NAME IS JUDD FOSTER AND WOULD LIKE TO REGISTER OUR LLC WITH THE STATE OF FLORIDA. I BELIEVE I HAVE FILLED OUT THE APPROPRIATE FORMS. IF THERE IS ANYTHING ELSE NEEDED OR REQUIRED, PLEASE LET ME KNOW.

MY CELL PHONE IS 812-498-9277

NAME OF OUR LLC

GALLIVANT, LLC

318 MYERS ST
SUITE F
SEYMOUR, IN 47274

THANK YOU,



A handwritten signature in black ink, appearing to be 'Judd Foster', with a long horizontal stroke extending to the right.

JUDD FOSTER

318 MYERS ST.
SUITE F
SEYMOUR, IN 47274

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GALLIVANT, 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:

JUDD FOSTER
Name of Person

GALLIVANT, LLC
Firm/Company

318 MYERS ST, SUITE F
Address

SEYMOUR, IN 47274
City/State and Zip Code

JFOSTER@FOSTECH.US
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDD FOSTER 812 498-9277
Name of Contact Person at () Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2020

JUDD FOSTER
318 MYERS ST STE F
SEYMOUR, IN 47274

SUBJECT: GALLIVANT, LLC
Ref. Number: W20000130265

We have received your document for GALLIVANT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 420A00022766

RECEIVED
DEC 07 2020

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. GALLIVANT, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")
- GALLIVANT Properties, 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. INDIANA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-2395691 ETIN #
(FEI number, if applicable)
4. N/A: HAVE NOT DONE ANY BUSINESS
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. GALLIVANT, LLC
(Street Address of Principal Office)
6. SAME AS PRINCIPAL OFFICE
(Mailing Address)
- 318 MYERS ST, SUITE F
- SEYMOUR, IN 47274

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

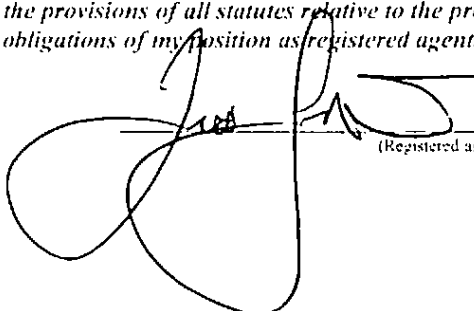
Name: GALLIVANT LLC by Judd Foster

Office Address: 3563 CAPE SW BLVD RD

Port St. Joe, Florida 32456
(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)

20 DEC -7 PM 5:12
Judd Foster
3563 CAPE SW BLVD RD
PORT ST. JOE, IN 47274

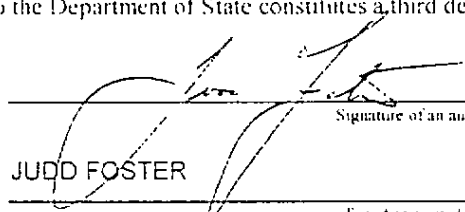
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>JUDD FOSTER</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>9290 W. CR. 750 S.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>PARIS CROSSING, IN 47270</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>SOPHIA FOSTER</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>9290 W. CR. 750 S.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>PARIS CROSSING, IN 47270</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 an authorized person

JUDD FOSTER

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

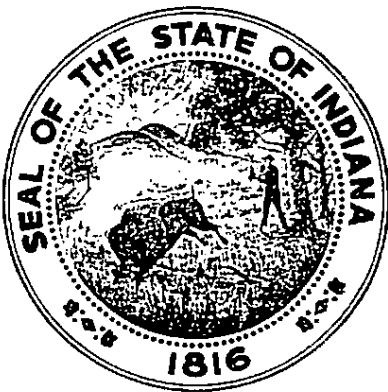
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GALLIVANT LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 25, 2018, and was in existence or authorized to transact business in the State of Indiana on October 07, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 07, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201810251285994 / 20201659327

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 06, 2020.