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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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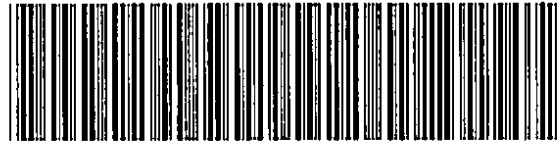
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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. GCI Management & Consulting, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GCI Management & Construction Consulting, 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. California 3. 85-0663149  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)


4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 875 Battery Street 6. 875 Battery Street  
(Street Address of Principal Office) (Mailing Address)  
1st Floor 1st Floor  
San Francisco, CA 94111 San Francisco, CA 94111

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

Name: United States Corp Agents Inc  
Office Address: 5575 S Semoran Blvd, Ste 36  
Orlando, Florida 32822  
(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.*

  
Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.  
(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]:

| <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>Eva Truong</u>                            | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member                       | Address: <u>875 Battery Street</u>                 | <input type="checkbox"/> Member            | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized Person | <u>1st Floor</u><br><u>San Francisco, CA 94111</u> | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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 Person            | _____<br>_____                                     | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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 Person            | _____<br>_____                                     | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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  
 Eva Truong  
 \_\_\_\_\_  
 Typed or printed name of signer



# Secretary of State Certificate of Status

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

**Entity Name:** GCI MANAGEMENT & CONSULTING, LLC  
**File Number:** 202009910038  
**Registration Date:** 04/07/2020  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of January 4, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 5, 2021.

**ALEX PADILLA**  
Secretary of State

2021 JAN 05 10:32 AM

**Certificate Verification Number:** YJGLWNY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).