

4/8/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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

Email Address: Kyle@gsmcap.comForeign Limited Liability Company
GSM Team LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

(((H21000140451 3)))

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. GSM Team LLC

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

2. Delaware

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

83-4385560

3.

(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)

5800 North Bay Road

5. (Street Address of Principal Office)

5800 North Bay Road

6.

(Mailing Address)

Miami, FL 33140

Miami, FL 33140

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

Name: Dean Mead Services, LLC

Office Address: 420 South Orange Ave Suite 700

Orlando

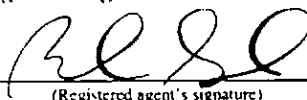
(City)

32801

(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)

(((H21000140451 3)))

2021 APR - 8 PM 4: 36
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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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Kyle Klopfer
☒ Member Address: 5800 North Bay Road
☐ Authorized Miami, FL 33140
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ 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 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

Brad R. Gould, Esq.

Typed or printed name of signer

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 2021 APR -8 PM 4:36
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Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GSM TEAM 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 SIXTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GSM TEAM LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2019.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR -8 PM 4:36

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Jeffrey W. Bullock, Secretary of State

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SR# 20211193018

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Authentication: 202904038

Date: 04-06-21

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