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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Phone

Fax Number

: (855)330-1010

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

Email A	ddress:				
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### Foreign Limited Liability Company **GCK 222 LLC**

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\$125.00

JUN 18 2021

M. SOLOMON

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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:

, GCK 222 LLC						
(Name of Foreign	Limited Liability Company; must include "l	Limited Liability Compa	any," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business	s in Florida. The alternate in	une must include "Limited Liability Company	-7"L.E.C." or "L.E.C.")		
New York	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45-2769129				
<u> </u>	high foreign limited hability company is organized)	J.				
.1						
4.	(Date firs) transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to o	cior to registration ) determine penalty hability)				
<sub>s.</sub> 7901 4th S		<sub>6.</sub> 79	01 4th St N			
(Street Address of	Principal Office)	(Mailing Address)				
STE 300		STE 300			<b>8</b> 21	
St. Petersb	urg FL 33702	St.	33702	1821 JUN 17		
7. Name and street address	ss of Florida registered agent: (P.O.	Box <u>NOT</u> accepta	ble)	773 mg - 3		
	Northwest Registered	Agent LLC		CLOBIST S	<b></b> 	
Name:						
Office Address:	7901 4th St N S	300 IE 300				
	St. Petersburg	. Florida 33702				
	(City)		(Zip cixle)			

#### Registered agent's acceptance:

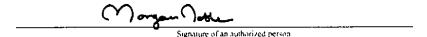
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



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: Title or Capacity: Name and Address: Name and Address:  $_{\mathrm{Name:}}$  gary candela Manager ■ Manager Name: Address: 326 ribbon st X Member Member Address: Franklin Square NY 11010 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager Manager Member Address: Member Address: Authorized Authorized Person Person Other Other Other\_\_\_ Other\_ Manager Manager Manager Name: Address: Member Address: Member Authorized Authorized Person Person 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 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.



#### . . . .

# State of New York Department of State } ss:

I hereby certify, that GCK 222 LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/10/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of June two thousand and twenty-one.

Braden C Hydra

Brendan C. Hughes
Executive Deputy Secretary of State

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