

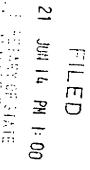
(Re	equestor's Name)			
(Ad	dress)			
— (Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	ified Copies Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



500367925185

06/14/21--01035--015 **125.00



My

COVER LETTER

	stration Section		
#DIVIS	sion of Corporations		
	GPG Equestrian, LLC		
SUBJ O CT:	<u> </u>		
	Nam	ne of Limited Liability Company	
The enclosed Existence, and	"Application by Foreign Limited Liability I check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.	
Please return a	all correspondence concerning this matter t	to the following:	
	Taryn Hartnett		
		Name of Person	
	Chapman Law Group		
		Firm/Company	
	12008 South Shore BLVD., STE 105		
		Address	
	Wellington, FL 33414		
	C	City/State and Zip Code	
	teh@chapmanlawgroup.net		
	E-mail address: (to be	e used for future annual report notification)	
For further inf	ormation concerning this matter, please ca	11:	
Тагуг	n Hartnett	561 753-5996 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	ng Address:	Street Address:	
	stration Section	Registration Section	
	sion of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Please	osed is a check for the following amount: the make check payable to: FLORIDA DEP 25.00 Filing Fee S130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate	

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:

ame adopted for the purpose of transacting business in Floring bus	3.		
ich foreign limited liability company is organized)	3.		
ich foreign limited liability company is organized)	٥.		
		3. (FEI number, (fapplicable)	
(D G			
(See sections 605.0904 & 605.0905, F.S. to determi	registration. ne penalty li) iability)	
	6.	2410 Muir Circle	
	٠	(Mailing Address)	
	1	Wellington, FL 33414	
	-	 	
			. 12
of Florida registered agent: (P.O. Box Chapman Law Group	NOT_ac	eceptable)	FILED R
12008 South Shore BLVD, STE 105			90808 31718 00 4
Wellington		33414 Florida	
(City)		(Zip code)	
istered agent and to accept service of p on, I hereby accept the appointment as ns of all statutes relative to the proper	Panistas	bd atoms and achoes to not	in this committee I found to
	of Florida registered agent: (P.O. Box Chapman Law Group 12008 South Shore BLVD, STE 105 Wellington (City) ance: istered agent and to accept service of p	of Florida registered agent: (P.O. Box NOT accessistered agent and to accept service of process from, I hereby accept the appointment as register as of all statutes relative to the proper and come	Wellington Wellington (City) Ance: istered agent and to accept service of process for the above stated limited on, I hereby accept the appointment as registered agent and agree to act that of all statutes relative to the proper and pomplete performance of my a

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: Name and Address: Title or Capacity: Name: Michelle Gara ■ Manager □ Manager Name: 2410 Muir Circle ☐ Member Address: □Member Address: _____ Wellington, FL 33414 □ Authorized ☐ Authorized Person Person □ Other □Other □Other . □Other____ □Manager Name: _ Name: □ Manager □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person Other Other____ Other____ Other____ □ Manager Name: _____ □ Manager Name: _____ □Member Address: □Member Address: ☐ 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. Nonindexed 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. N:111 Qona reile Gara (Jun 102021 15:04 EDT) Signature of an authorized person Michelle Gara

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/09/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GPG Equestrian, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SOUTH SOUTH

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC210609162140-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify