

6/24/2021

From: GFI FaxMaker

To: *9300*3361#98*18506176383

Page: 4/8

Date: 6/24/2021 11:38:11 AM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

3361-98
PZS/SRD

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
Account Number : I20010000202
Phone : (941)954-4691
Fax Number : (941)954-2128

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

Email Address: corporation@nhlslaw.com

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Foreign Limited Liability Company
Gandy-US 19, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

6/25/21

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gandy-US 19, 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:

Matthew J. Bogdovitz, Authorized Person

Name of Person

Gandy-US 19, LLC

Firm/Company

1307 W. Morehead Street, Suite 208

Address

Charlotte, NC 28208

City/State and Zip Code

matt@bayrockinvestment.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew J. Bogdovitz, Authorized Person

704

344-1147

at ()

Name of Contact Person

Area Code

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

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#210002478723

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. Gandy-US 19, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 87-0964152
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 1307 W. Morehead Street, Suite 208 1307 W. Morehead Street, Suite 208
(Street Address of Principal Office) (Mailing Address)
Charlotte, NC 28208 Charlotte, NC 28208

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

Name: Peter Z. Skokos
Office Address: 1819 Main Street, Suite 610
Sarasota, Florida 34236
(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)

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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]:

<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>Matthew J. Bogdovitz</u>	<input type="checkbox"/> Manager	Name: <u>Thomas L. Hammons</u>
<input type="checkbox"/> Member	Address: <u>1307 W. Morehead Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>1307 W. Morehead Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 208</u>	<input type="checkbox"/> Authorized	<u>Suite 208</u>
Person	<u>Charlotte, NC 28208</u>	Person	<u>Charlotte, NC 28208</u>
<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 _____
<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.

Matthew Bogdovitz
 Signature of an authorized person
 Matthew J. Bogdovitz, Authorized Person

 Typed or printed name of signer

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 JUN 24 2021
 CLERK OF COURT
 1307 W. MOREHEAD STREET
 SUITE 208
 CHARLOTTE, NC 28208

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Delaware

The First State

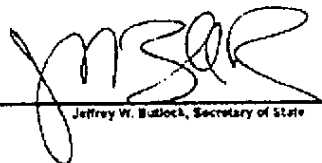
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GANDY-US 19, LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE SEVENTEENTH DAY OF JUNE, A.D. 2021.

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

FILED
2021 JUN 24 PM 4:37
DELAWARE SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

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SR# 20212485515

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203477643

Date: 06-17-21