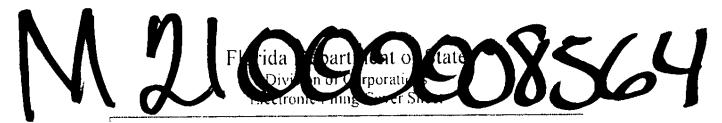
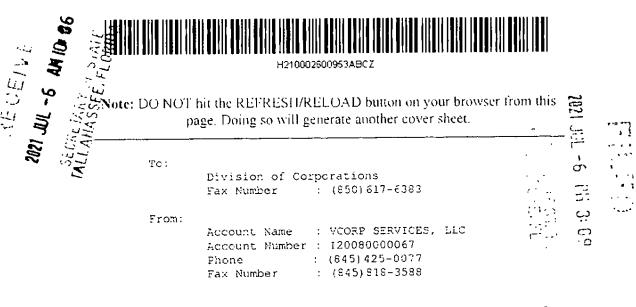
From Vcorp Services, LLC Page 1 of 2



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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

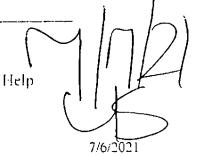
Email Address:

Foreign Limited Liability Company GSPP MEW-FL, LLC

Certificate of Status	U
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu



From: Vcorp Services, LLC

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. GSPP MEW-FL, LLC.

	ime adopted for the purpose of transacting business in Florida. D	ie alternate name most include "Limited Lial	odity Company," "L U	. C," or "LC ")	ì
2. New York		3			
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	(F.E.F. prumsk	er, if applicable)		
4.					
	(Dute first transacted husiness in Florida, if prior to registra (See sections 605 0004 & 605 0005; F.S. to determine pena	ition) alty liability)	<u></u>		
5. I Landmark Square, S	uite 320	6 I Landmark Square, Suite	320		
(Street Address of)	inneipsi Office)	(Maling Add	(0.0)		
Stamford, CT 06901		Stumford, CT 06901		<u>مد، د</u>	
			· · · · · · · · · · · · · · · · · · ·	<u></u> ,,	13 TO
				造	ا ئ دىيى
Name and <u>street addres</u>	<u>s</u> of Florida registered agent: (P.O. Box <u>NO</u>	<u>T</u> acceptable)			
Name:	Veorp Services, LLC			σ· .	
	2011 6 11 6 11 8 11 7 8 11 106		,		. •
Office Address:	5011 South State Road 7, Suite 106			بب	·-·
	65 1	22214			
	Davie	, Florida <u>33314</u>	 -·	(<u></u>	
Registered agent's accep	(City)	, Florida 33314 (Zip cod		am: at the t	nlaco
Having been named as re designated in this applica to comply with the provise	tance: gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ions of all statutes relative to the proper and	ess for the above stated limited istered agent and agree to act	liability compoint this capacity	any at the p y. I further	r agre
Having been named as re designated in this applica to comply with the provise	tance: gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ions of all statutes relative to the proper and	ess for the above stated limited istered agent and agree to act complete performance of my and agree (liability compoint this capacity	any at the p y. I further	r agre
designated in this applica to comply with the provisi and accept the obligation	tance: gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and s of my position as registered agent.	ess for the above stated limited istered agent and agree to act complete performance of my	liability compoint this capacity	any at the p y. I further m fumiliar	r agre

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.

Jason Kutlik

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: GSPP MEW-FL, LLC

DOS ID Number: 6206424

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/25/2021

Statement Status: CURRENT

Statement Due Date: 06/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 06/25/2021

Entity Name: GSPP MEW-FL, LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 06, 2021 at 10:02 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C Heyl

By Brendan C. Hughes Executive Deputy Secretary of State

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