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.

(((H21000318556 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)819-3586

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

		_		
E	÷	1	Address:	
	-	-	Muuless.	

Foreign Limited Liability Company **GMF Real Estate LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help



From: Vcorp Services, LLC

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

IN COMPLANCE BITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS AND THE STATE OF FLORIDA:

Delaware	the adopted for the purpose of transacting business in Florida. (Date tirs: transacted business in Florida, if prior to (See sections 605 0804 & 605 0805, F.S. to determ	3. (FLI ii	rumber, if applicable)
11/01/2021 1674 Meridian Avenue		(F1.1 n	rumber, if applicable)
1674 Meridian Avenue	(Date first transacted business in Florida, if prior to (See sections 605 0804 & 605 0905, F.S. to determ	o registration)	
1674 Meridian Avenue	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determ	o registration)	
		nine penalty liability)	
		6. 1100 Brickell Bay Drive	e. #34K
	oncipal Office)	(Maing	Address)
Miami Beach, FL 3313	9	Miami Florida 33131	
	s of Florida registered agent: (P.O. Bo: Veorp Services, LLC	x <u>NOT</u> acceptable)	
Name: Office Address:	5011 South State Road 7. Suite 106		
	Davie	Florida 33314	
	(Cny)	, Florida <u>33314</u> (Zip	(Odr)
comply with the provision	tion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent.	as registered agent and agree to or and complete performance of n	ited liability commany at the pact in this capacity. I further my duties, and I am familiar
comply with the provision	tion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent.	as registered agent and agree to or and complete performance of n	act in this capacity. I further my duties, and I am familiar
comply with the provisional accept the obligations	tion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (Registered agent)	as registered agent and agree to or and complete performance of n	act in this capacity. I further my duties, and I am familiar
comply with the provisional accept the obligations The name, title or capa	tion, I hereby accept the appointment ons of all statutes relative to the proper of my position as registered agent. (Registered agent) city and address of the person(s) who he	as registered agent and agree to or and complete performance of n	act in this capacity. I further my duties, and I am familiar
comply with the provisional accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who h	as registered agent and agree to or and complete performance of n 's signature) has/have authority to manage is/ar	act in this capacity. I further my duties, and I am familiar
comply with the provision and accept the obligations The name, title or capa	city and address of the person(s) who have and Address: J. Jay Lobell 1674 Meridian Avenue	as registered agent and agree to or and complete performance of n 's signature) has/have authority to manage is/ar	act in this capacity. I further my duties, and I am familiar
comply with the provision accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who have and Address: J. Jay Lobell	as registered agent and agree to or and complete performance of n 's signature) has/have authority to manage is/ar	act in this capacity. I further my duties, and I am familiar
comply with the provisional accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who have and Address: J. Jay Lobell 1674 Meridian Avenue	as registered agent and agree to or and complete performance of n 's signature) has/have authority to manage is/ar	act in this capacity. I further my duties, and I am familiar
comply with the provision accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who have and Address: J. Jay Lobell 1674 Meridian Avenue	as registered agent and agree to or and complete performance of n 's signature) has/have authority to manage is/ar	act in this capacity. I further my duties, and I am familiar
comply with the provisional accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who have and Address: J. Jay Lobell 1674 Meridian Avenue Miami Beach, FL 33139	as registered agent and agree to or and complete performance of n 's signature) has/have authority to manage is/ar	act in this capacity. I further my duties, and I am familiar

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GMF REAL ESTATE 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GMF REAL ESTATE LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2015.

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

Authentication: 203991838

Date: 08-24-21