

M210000014490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

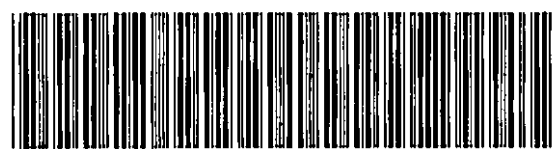
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S. FRANKLIN  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GatorStep, 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:

Kate Summers

Name of Person

GatorStep, LLC

Firm/Company

11270 Threadstone Lane

Address

Knoxville, TN 37932

City/State and Zip Code

Kate.Summers@gatorstep.com

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

For further information concerning this matter, please call:

Kate Summers

865

221-8893

Name of Contact Person

at ( )

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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate  
Certificate of Status    Certified Copy    of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR REGISTRATION A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 GatorStep, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company", "LLC", or "LLP")

2 Oregon 47-1065027  
(State and county or alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLP") (FEI number, if applicable)

3 6/15/2020 7/1/2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0601 & 605.0605, F.S., to determine penalty liability)

5 11270 Threadstone Lane  
Knoxville, TN 37932  
(Street Address of Principal Office)

6 11270 Threadstone Lane  
Knoxville, TN 37932  
(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) (Zip code)  
Florida

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.

Corporation Service Company

By:

(Registered agent's signature)

Charlene Sati, Assistant Secretary

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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>Loren Traister</u>	<input type="checkbox"/> Manager	Name: <u>Erin Herrington</u>
<input checked="" type="checkbox"/> Member	Address: <u>11270 Threadstone Lane</u>	<input type="checkbox"/> Member	Address: <u>11270 Threadstone Lane</u>
<input type="checkbox"/> Authorized	<u>Knoxville, TN 37932</u>	<input type="checkbox"/> Authorized	<u>Knoxville, TN 37932</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jay Povlin</u>	<input type="checkbox"/> Manager	Name: <u>Kate Summers</u>
<input type="checkbox"/> Member	Address: <u>11270 Threadstone Lane</u>	<input type="checkbox"/> Member	Address: <u>11270 Threadstone Lane</u>
<input type="checkbox"/> Authorized	<u>Knoxville, TN 37932</u>	<input checked="" type="checkbox"/> Authorized	<u>Knoxville, TN 37932</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>COO</u>	<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. Un-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.

Kate S  
Signature of an authorized person

Kate Summers

Typed or printed name of signer

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# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 885U197M4

*I, SHEMA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:*

**GATORSTEP LLC**

*is*

Organized

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in black ink, appearing to read "Shemia Fagan", is written over the printed name.

SHEMA FAGAN, SECRETARY OF STATE

9/15/2021

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2021

KATE SUMMERS  
11270 THREADSTONE LANE  
KNOXVILLE, TN 37932 US

SUBJECT: GATORSTEP, LLC  
Ref. Number: W21000136573

We have received your document for GATORSTEP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 121A00025019

RECEIVED  
OCT 28 2021