

M21 000015661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

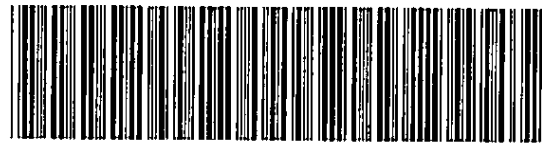
Special Instructions to Filing Officer:

Title: Certificate of Good Standing

Special Instructions to Filing Officer:

Title: Certificate of Good Standing

Office Use Only



000380329750

01/25/21 -0 1.3-1.3 *4.5.02

A. BUTLER
FEB 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THREE GOOSE LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO E. GRESCHKE

Name of Person

THREE GOOSE LLC

Firm/Company

2701 GRIFFIN ROAD

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

ACCOUNTING@FIRSTRENTCO.COM

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

For further information concerning this matter, please call:

FERNANDO E. GRESCHKE

at (954) 962-2226

Name of 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:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: THREE GOOSE LLC

Enter new principal office address, if applicable:

2080 S Ocean Dr. #611

(Principal office address

Hallandale Beach, FL 33009

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2701 GRIFFIN ROAD

(Mailing address

FORT LAUDERDALE FL 33312

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000015661

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: NOVEMBER 17, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

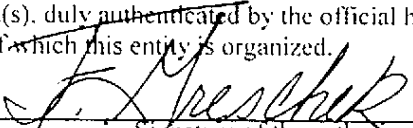
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

REMOVE AUTHORIZE REPRESENTATIVE, AND ADD MANAGER

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	CONRADO PERALTA	2701 Griffin Road.	<input type="checkbox"/> Add
		Fort Lauderdale FL 33312	<input checked="" type="checkbox"/> Remove
MGR	FERNANDO E. GRESCHER	2080 S Ocean Dr. #611	<input checked="" type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

FERNANDO E. GRESCHER - MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

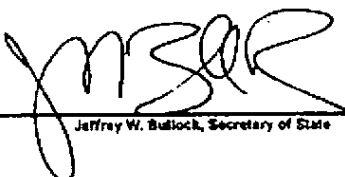
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THREE GOOSE 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 FOURTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THREE GOOSE LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

6164485 8300

SR# 20213710864

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

Authentication: 204604212

Date: 11-04-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2022

FERNANDO E. GRESCHKE
2701 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312

SUBJECT: THREE GOOSE LLC
Ref. Number: M21000015661

We have received your document for THREE GOOSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

YOU NEED TO PROVIDE A CERTIFICATE OF GOOD STANDING FROM YOUR STATE.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 522A00002711