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(Ře	equestor's Name)	
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PICK-UP	TIAW [	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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S. ROBERTS
MAY 2 3 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/23/2022			
Name:	Merritt Wal	ker		
Reference	#:16858	80	_	
Entity Nam	e: <b>G</b>	AINESVILL	E PROPCO, L	LC
<b>⊘</b> Artio	cles of Incorporation/	Authorization t	o Transact Busine	ess
☐ Ame	endment			
☐ Cha	nge of Agent			
☐ Reir	nstatement			
☐ Con	version			
☐ Mer	ger			
Diss	olution/Withdrawal			
☐ Ficti	tious Name			
Othe	er	<del></del>		
Authorized	Amount:	\$125	<del></del>	
Signature:	· · · · · · · · · · · · · · · · · · ·	un		

F: 800.944.6607

F-+852 2682 9790

## **COVER LETTER**

TO:

**Registration Section** 

Division	of Corporations
SUBJECT:	GAINESVILLE PROPCO, LLC
	Name of Limited Liability Company
	plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o eck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all	orrespondence concerning this matter to the following:
	AMY DÉAN
	Name of Person
	MELTZER PURTILLE & STELLE, LLC
	Firm/Company
	1515 WOODFIELD ROAD, 2ND FLOOR
	Address
	City/State and Zip Code
_	SCHAUMBURG, IL 60173
	E-mail address: (to be used for future annual report notification)
For further infore	ation concerning this matter, please call:
	AMY DEAN at ( 847 ) 330-2400
	Name of Contact Person Area Code Daytime Telephone Number
Divisior Registra P.O. Bo	G ADDRESS:STREET ADDRESS:of CorporationsDivision of Corporationsion SectionRegistration Section6327Clifton Buildingee. FL 323142661 Executive Center CircleTallahassee, FL 32301
	is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE
	.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTER MINESS IN THE STATE OF FLORIDA.

(See so See See See See See See See See See Se	inuted liability company is organized) first transacted business in Florida, if prior to rections 605 0904 & 605 0905, F.S. to determine ARD	3. 88-2198  registration ) ne penalty liability)  6. 3461 BC  SUITE 1	ONITA BAY BOI	mber, if applicate	ole)	<u></u>
4. (Date (See s)  3461 BONITA BAY BOULEV  (Street Address of Principal Off SUITE 100  BONITA SPRINGS, FL 34134  7. Name and street address of Flor	first transacted business in Florida, if prior to rections 605 0904 & 605 0905, F.S. to determit ARD	registration ) ne penalty hability) 6. 3461 BC	ONITA BAY BOI  (Mailing Ad	ULEVARI ldress)		
3461 BONITA BAY BOULEV  (Street Address of Principal Offi SUITE 100  BONITA SPRINGS, FL 34134  7. Name and street address of Flor	first transacted business in Florida, if prior to rections 605 0904 & 605 0905, F.S. to determit ARD	6. 3461 BC	ONITA BAY BOI (Mailing Ad	ULEVARI ldress)		
(Date (See see See see see see see see see see	ections 605 0904 & 605 0905, F.S. to determi	6. 3461 BC	(Mailing Ad	kiressi	)	
(See so See See See See See See See See See Se	ections 605 0904 & 605 0905, F.S. to determi	6. 3461 BC	(Mailing Ad	kiressi	)	
(Street Address of Principal Off SUITE 100 BONITA SPRINGS, FL 34134 . Name and <u>street address</u> of Flor		SUITE 1	(Mailing Ad	kiressi		
BONITA SPRINGS, FL 34134  Name and street address of Flor	ida registered agent: (P.O. Box		<del></del>			
. Name and <u>street address</u> of Flor	ida registered agent: (P.O. Box	BONITA	A SPRINGS, FL.			
6	ida registered agent: (P.O. Box			34134		<del>3</del> _
6	ida registered agent: (P.O. Box	612342			17. 10.	ນ ນ
Name: Corpor	_	NOT acceptable	21		<u> </u>	<del>-</del>
	ation Service Company	<del></del>			KHASS	ა ა
Office Address: 1201 H	ays Street				U)	P
Tallaha	ossee	ı	Torida 32301			
	(City)	'	(Zip co	sle)	<del></del>	 ند
<u>By: ///2</u>	ation Service Company Slissa (larke, Melissa Clarke, 1 (Registered agent's s			·		
<ol> <li>The name, title or capacity and</li> </ol>	address of the nerson(s) who ha	s/have authority	to manage is/are:			
3. The name, title or capacity and <u>Title or Capacity:</u>	address of the person(s) who ha  Name and Address:	s/have authority Title or Ca	•	<u>Name</u>	and Addre	<u>ss:</u>
	•	•	•	<u>Name</u>	and Addre	<u>ss:</u>
Title or Capacity:	Name and Address:	Title or Ca	•	<u>Name</u>	and Addre	<u>ss:</u>
CEO/MANAGER	Name and Address: RICHARD HUTCHINSON 3461 BONTIA BAY BLVD., #16 BONTIA SPRINGS, FL 3-	Title or Ca	•	Name	and Addre	<u>ss:</u>
Title or Capacity:	Name and Address: RICHARD HUTCHINSON 3461 BONTIA BAY BLVD., #16 BONTIA SPRINGS, FL 3- THOMAS COSTELLO	<u>Title or Ca</u> 00 1134	•	<u>Name</u>	and Addre	<u>ss:</u>
Title or Capacity: CEO/MANAGER	Name and Address: RICHARD HUTCHINSON 3461 BONTIA BAY BLVD., #16 BONTIA SPRINGS, FL 3-	Title or Ca	•	Name	and Addre	<u>ss:</u>

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GAINSVILLE PROPCO, 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 SIXTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAINSVILLE PROPCO, LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2022.

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

and corn delaware gov/aut

Authentication: 203436842

Date: 05-16-22

6778332 8300 SR# 20222013407