

M23000000943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

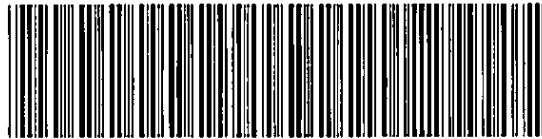
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2023 JAN 24 PM 12:48

JAN 25 2023

K. Brumby

CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/24/2023
Acc#I20160000072

W: C DW

Name:	KEITH FITZ-GERALD RESEARCH LLC
Document #:	
Order #:	14740760

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Keith Fitz - Gerald Research LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware 3. 92-0639065
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1532 Piper Dunes Place 6. 1417 Sadler Road, PMB 415
(Street Address of Principal Office) (Mailing Address)
- Fernandina Beach, FL 32034 Fernandina Beach, FL 32034
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Olivier Garret

Office Address: 1532 Piper Dunes Place

Fernandina Beach, Florida 32034
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability
designated in this application, I hereby accept the appointment as registered agent and agree to act in this c
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, a
and accept the obligations of my position as registered agent.


(Registered agent's signature)

2023 JAN 24 AM 11:21

APPROVAL
FILED

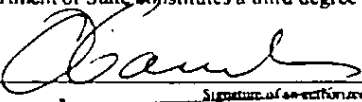
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Olivier Garret</u>	<input type="checkbox"/> Manager	Name: <u>David Galland</u>
<input checked="" type="checkbox"/> Member	Address: <u>1417 Sadler Road, PMB 415</u>	<input checked="" type="checkbox"/> Member	Address: <u>1417 Sadler Road, PMB 415</u>
<input type="checkbox"/> Authorized	<u>Fernandina Beach, FL 32034</u>	<input type="checkbox"/> Authorized	<u>Fernandina Beach, FL 32034</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>GGC Publishing, LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Edward D' Agostino</u>
<input checked="" type="checkbox"/> Member	Address: <u>1417 Sadler Road, PMB 415</u>	<input checked="" type="checkbox"/> Member	Address: <u>1417 Sadler Road, PMB 415</u>
<input type="checkbox"/> Authorized	<u>Fernandina Beach, FL 32034</u>	<input type="checkbox"/> Authorized	<u>Fernandina Beach, FL 32034</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Keith Fitz-Gerald</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1417 Sadler Road, PMB 415</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Fernandina Beach, FL 32034</u>	<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. Non-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.



 Signature of an authorized person
 Olivier Garret, Manager

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEITH FITZ-GERALD RESEARCH 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-THIRD DAY OF JANUARY, A.D. 2023.

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



7065396 8300

SR# 20230228749

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202555352

Date: 01-23-23