4246

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200402999172

APR 0 4 2023 ić. Brumbi≢y CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT	NO.	•	I20000000195
110000111	110.	•	******

REFERENCE : 626503 7617888

AUTHORIZATION: Sprinkleran

COST LIMIT : \$ 125.00

ORDER DATE: March 31, 2023

ORDER TIME : 9:44 AM

ORDER NO. : 626503-205

CUSTOMER NO: 7617888

FOREIGN FILINGS

NAME: GAINESVILLE FL AL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

то:	Registration Se Division of Cor					
SUBJE		FL AL, LLC				
Name of Limited Liability Company						
			ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.			
Please 1	return all correspo	ndence concerning this r	natter to the following:			
			Name of Person			
	Jason	Servicing, LLC				
			Firm/Company			
	600 Tł	nird Avenue, 21st Floo	г			
			Address			
	New Y	ork, Ny 10016				
		···	City/State and Zip Code			
		E-mail address	: (to be used for future annual report notification)			
For furt	ther information co	oncerning this matter, ple	ease call:			
			at ()			
		Name of Contact Person	at () Area Code Daytime Telephone Number			
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee. F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
		g Fee 🔲 \$130.00 Fi	A DEPARTMENT OF STATE			

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gainesville FL AL, LI	Limited Liability Company; must include "L	imited Liability Co	ompany," "L.L.C.," or "LLC.")		_
		•			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting busines	s in Florida The alte	mate name must include "Limited Liability C	Company," "L.L. (C," or "LLC.")
Delaware		,			
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized	<u> </u>	(FEI number, if ap	plicable)	
4	(Date first transacted business in Florida, if pt (See sections 605,0904 & 605,0905, F.S. to d	nor to registration) letermine penalty liab	ılity)		
600 Third Avenue, 2	1st Floor	60 6.	00 Third Avenue, 21st Floor		
5. (Street Address of Principal Office)		0	(Mailing Address)		
New York, NY 10016	3	Ne	ew York, NY 10016		21
				-	
				, ;	16명 : : : : : : : : : : : : : : : : : : :
				•	الم
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acc	eptable)		PH 1772
Name:	Corporation Service Company			٠	2: 1:6
Office Address:	1201 Hays Street		<u></u>		
	Tallahassee		32301 . Florida		
	(City)		(Zíp code)		
designated in this applica to comply with the provisi	tance: gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. Corporation Service Company	ent as registered oper and comp	d agent and agree to act in this	s capacity. I	further agree
	By:	.lwstanz l	ke President		
	(Registered ag	ent's signature)			

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: _____ **■**Manager □Manager Name: Address: __ □Member □Member Address: 21st Floor □ Authorized ☐ Authorized New York, NY 10016 Person Person □Other_____ Other_____ □Other_____ □Other_____ □Manager Name: _____ □Manager Name: Address: _____ □Member Address: _____ ☐ Member □ Authorized ☐ Authorized Person Person □Other □Other_____ Name: □Manager Name: □Manager □Member Address: □Member Address: □Authorized ☐ Authorized Person Person ☐ Other_____ □Other_____ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Tonia Gounus Signature of an authorized person Tonia Younus Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GAINESVILLE FL AL, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAINESVILLE FL AL, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2023.

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



Authentication: 203051002

Date: 03-31-23