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COVER LETTER

Division of C	Section Corporations		
SUBJECT:	G 4 Name	of Limited Liability Company	
		·_ /	
		Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida	
Please return all corre	spondence concerning this matter to	o the following:	
	TA	edre Galletta	
		Name of Person	
		696 Property Cronp LLC	
	,	the particular of the particul	
·· -	205 Narra	give the	
	Ocean	Address State NJ (18740 ity/State and Zip Code	
		ity/State and Zip Code	
	erinan	negrante annul open subsection in the subsection	
	É-mail address: (to be	sused for future applical report notification)	
manda da it cama			
For further informatio	n concerning this matter, please cal	1:	
	Erin Grait	at (305) 393-7255	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Add	ress:	Street Address:	
Registratio	n Section	Registration Section	
Division of	vision of Corporations Division of Corporations		
P.O. Box 6	327	The Centre of Tallahassee	
Tallahasse	e, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	check for the following amount:	ADTMENT_OF CTATE	
□ \$125.00 F	check payable to: FLORIDA DEP Filing Fee	& GP \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate	

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
G+G PROPERTY GROUP FROMMA TOC
(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
4
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 205 Narranneth Are (Street Address of Pfincipal Office) 6. 3869 614677 NOAD (Mailing Address)
Ocean Gale NJ 08740 BIG PINE KEY, FL 33043
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Inochore Gulletta
Office Address: 3869 6/USTT NOAN
$\frac{B/GP/NEKGY}{\text{(City)}}, \text{Florida} = \frac{33043}{\text{(Zip code)}}$
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 lesignated 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.
(Registered accut's Suproture)

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: ☐ Manager ☐ Manager Address: 3869 6140 11 NOHO ☑Member BIE PINEKEVFLBS ☐ Authorized ☐ Authorized Person Person □Other____ ☐ Other_____ Other____ □Other_ ☐ Manager Name: □Manager □Member Address: □Member Address: ☐ Authorized □Authorized Person Person □Other__ Other____ □Other_ Other : O □Manager □ Manager Name: □Member Address: □ Member Address: ____ ☐ Authorized ☐ Authorized Person Person □Other □ 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 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

Theodore Galle

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

G&G PROPERTY GROUP LLC 0450190366

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 07, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

THEODORE GALLETTA 205 NARRAGANSETTE AVE OCEAN GATE, NJ 08740



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of September, 2023

dun on New

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6146989666

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp