

M24000007094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

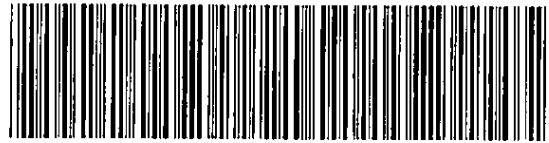
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 05 2024

K. Brumley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/4/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1259976

ORDER ENTITY
GAINSIDE INCENTIVE EQUITY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
GAINSIDE INCENTIVE EQUITY, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: kevin.haraka@gainside.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GainSide Incentive Equity, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kevin Harakal

Name of Person

GainSide Incentive Equity, LLC

Firm/Company

5237 Summerlin Commons Blvd., Suite 312

Address

Fort Myers, Florida 33907

City/State and Zip Code

kevin.harakal@gainside.com

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

For further information concerning this matter, please call:

Kevin Harakal

518

221-3771

at ()

Name of Contact 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. GainSide Incentive Equity, 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. 99-3243069
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 22, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 5237 Summerlin Commons Blvd., Suite 312 6. 5237 Summerlin Commons Blvd., Suite 312
(Street Address of Principal Office) (Mailing Address)

Fort Myers, Florida 33907

Fort Myers, Florida 33907

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kevin Harakal

Office Address: 237 Summerlin Commons Blvd., Suite 312

Fort Myers, Florida 33907
(City) (Zip code)

2024 JUN -4 PM 1:35

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 designated 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.

DocuSigned by:

(Registered agent's signature)

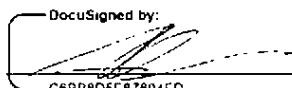
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Kevin Harakal</u>	<input type="checkbox"/> Manager	Name: <u>Monika Lategano</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o GainSide Incentive Equity, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o GainSide Incentive Equity, LLC</u>
<input checked="" type="checkbox"/> Authorized	<u>5237 Summerlin Commons Blvd., Suite 312</u>	<input type="checkbox"/> Authorized	<u>5237 Summerlin Commons Blvd., Suite 312</u>
Person	<u>Fort Myers, Florida 33907</u>	Person	<u>Fort Myers, Florida 33907</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>James Welch</u>	 <input type="checkbox"/> Manager	Name: <u>Brad Jefferson</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o GainSide Incentive Equity, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o GainSide Incentive Equity, LLC</u>
<input type="checkbox"/> Authorized	<u>5237 Summerlin Commons Blvd., Suite 312</u>	<input type="checkbox"/> Authorized	<u>5237 Summerlin Commons Blvd., Suite 312</u>
Person	<u>Fort Myers, Florida 33907</u>	Person	<u>Fort Myers, Florida 33907</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>David Farquharson</u>	 <input type="checkbox"/> Manager	Name: <u>Nancy Wells</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o GainSide Incentive Equity, LLC</u>	<input checked="" type="checkbox"/> Member	Address: <u>c/o GainSide Incentive Equity, LLC</u>
<input type="checkbox"/> Authorized	<u>5237 Summerlin Commons Blvd., Suite 312</u>	<input type="checkbox"/> Authorized	<u>5237 Summerlin Commons Blvd., Suite 312</u>
Person	<u>Fort Myers, Florida 33907</u>	Person	<u>Fort Myers, Florida 33907</u>
<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.

DocuSigned by:

 C6B8B05C87804FD
 Signature of an authorized person
 Kevin Harakal
 Typed or printed name of signer

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Gainside Incentive Equity, LLC

8. Names and addresses of the additional Members of the LLC:

Traci Gregorski
c/o GainSide Incentive Equity, LLC
5237 Summerlin Commons Blvd., Suite 312
Fort Myers, Florida 33907

Paula Udani
c/o GainSide Incentive Equity, LLC
5237 Summerlin Commons Blvd., Suite 312
Fort Myers, Florida 33907

Jennifer Philips
c/o GainSide Incentive Equity, LLC
5237 Summerlin Commons Blvd., Suite 312
Fort Myers, Florida 33907

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAINSIDE INCENTIVE EQUITY, 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 JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAINSIDE INCENTIVE EQUITY, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2024.

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



3738944 8300

SR# 20242759547

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203621081

Date: 06-04-24