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06/10/24

NAME: GW PARTNERS EXCITEMENT, LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

1

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:

(Name of Foreign	Einnited Liability Company: must include "Limited	Liability Company," "L.L.C.," or "LLC.")	<u> </u>
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	y Company," "L.L.C," or "LLC."
Delaware		_	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if	applicables
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egistration.) e penalty liability)	_
1413 Castle Drive		1413 Castle Drive	
reet Address of Principal Office)		(Nathing Address)	7.4
1 6 DI 17005			
Lafayette, IN 47905		Lafayette, IN 47905	
Name:	S of Florida registered agent: (P.O. Box C T Corporation System		2021.1.7.10
Office Address:	1200 South Pine Island Road		
	Plantation	33324	()
	(Cuy)	, Florida(Zin code)	_
	,	·	
lesignated in this applica o comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper of s of my position as registered agent.	rocess for the above stated limited liab registered agent and agree to act in th and complete performance of my dutie	is capacity. I further
	Stephane A		_

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:
□Manager	Name: Kuumba Long	□Manager	Name: Nicholas Jones
■Member	Address:	■Member	Address: 414 Carter Ave SE
□Authorized	Lafayette, IN 47905	□Authorized	Atlanta, GA 30317
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other_
□Manager	Name:	□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. 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.

Catherina Long			
1E5633738A6C419	Signature of an authorized person		
Kuumba Long			
	Typed or printed name of signee		



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

DELAWARE, DO HEREBY CERTIFY "GW PARTNERS EXCITEMENT, 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 FIFTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GW PARTNERS EXCITEMENT, LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2024.

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

Authentication: 203634154

Date: 06-05-24

3831260 8300 SR# 20242776915