Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

	7.4					
$\Box$	* Inter the email address for this business entity to be used for future					
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<u>م</u>	Email Address:					
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2674	GCG Ops LLC					
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## Foreign Limited Liability Company GCG Ops LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Help

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

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

, GCG Ops LI				
(Name of Foreign	Limited Liability Company; must include "Li	mited Liability Com	pany," "L.L.C.," or "LLC.")	<u></u>
(If name unavailable, emer alternate	name adopted for the purpose of transacting business	in Florida. The alterna	te name must include "Limited Liability Company	/," "[L.C," or "LLC.")
, Delaware				
۵	which foreign limited liability company is organized)	- 3. <u> </u>	(FEI manber, if applicable	
4	(Date first transacted business in Florids, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.) termine penalty liability	n	
2121 Avenue of	the Stars, Suite 2200	2121 Avenue of the Stars, Suite 2200		
5. (Street Address of Principal Office)		6	(Mailing Address)	
Los Angeles,	California 90067	Lo	s Angeles, California	90067
				<del></del>
7. Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT accent	table)	
		•	·	, 107
Name:	eResidentAge	nt, inc	•	ไม้ใ หวกว
· ·	115 N Calhoun S		_	1
Office Address:	TIS N Callibul S	C Suite 2	_	PH
	Tallahassee		. Florida 32301	<del>=</del>
	(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 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.

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:

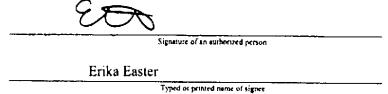
Name and Address:

GCG Worldwide LLC

			<u></u>	CARLOLD MANNE LANGUE PART
Manager	Name: GCG Worldwide LLC	□Manager	Nome:	
□Member	Address: 2121 Avenue of the Stars, Suite 2200	□Member	Address:	
□Authorized	Los Angeles, California 90067	□Authorized		
Person		Person		
Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person	<del></del>	
□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, 1 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.





→ 18506176383

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GCG OPS 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 TWENTIETH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GCG OPS LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2024.

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

at corp.delaware.gov/auth

Authentication: 203751603

Date: 06-20-24

3912338 8300 SR# 20242927125