## 18684

(R	Requestor's Name)	
(A	Address)	
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		<del> </del>
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	<del></del>
(0	Ocument Number)	
Cadified Carries	Cadificator	( Chahua
Certified Copies	Certificates o	i Status
Special Instructions to Fil	ling Officer:	





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JUL 0 9 2024 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	;	120000000	195	
	REFERENCE	:	539471	7988375	
	AUTHORIZATION	:	Soull	lena	ı
	COST LIMIT	:	\$ 125	THE PARTY OF THE P	
ORDER DATE : 3	July 8, 2024	<b>-</b>			
ORDER TIME :	2:37 PM				
ORDER NO. : 5	539471-005				
CUSTOMER NO:	7988375				
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	GAP DINO LLC				
XXXX QUALIFICA	ATION (TYPE: <u>L</u>	Ľ)			

XX		D COPY AMPED COPY ATE OF GOOD ST	ANDING	
CONTACT	PERSON:	Amanda Miller	EXT#	
			EXAMINER:	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

## 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:

If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alterna	te name must include "Limited I	Liability Company," "L. L.C." or "LLC		
Rhode Island		92- 3.	1518180			
(Jurisdiction under the law of which foreign limited liability company is organized)		J	5(FEI number, if applicable)			
·						
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ne penaity liabilit	у)			
11982 Lost Tree Way 5. 6		1198 6.	82 Lost Tree Way			
reet Address of Principal Office)		0	(Mailing Address)	·····		
North Palm Beach, FL	33408	Nort	th Palm Beach, FL 334	08		
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> ассер	otable)	<b>2024 JUL</b> Jeoret Pal Cari		
Name:	Bradford R. Boss		_	FILEI ARK O		
Office Address:	11982 Lost Tree Way		_			
	North Palm Beach		33408 . Florida	· <b>C</b>		
	(City)		(Zip code)	<del></del>		

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.

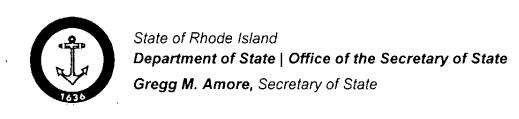
(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Bradford R. Boss Name: \_\_\_\_\_ Manager □Manager Address: \_\_\_ 11982 Lost Tree Way □Member □Member North Palm Beach, FL 33408 □ Authorized □ Authorized Person Person Other\_ Other\_\_\_\_ Other\_\_\_ □Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Name: Address: \_\_\_\_ □Member □Member Address: ☐ Authorized □ Authorized Person Person Other\_\_\_\_\_ □Other □Other □Other\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: □Manager Address: Address: □Member □Member □ 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 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. Signature of an authorized person

Typed or printed name of signee

CSC 539471

Bradford R. Boss



## CERTIFICATE OF GOOD STANDING

I. Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

## GAP Dino LLC

is a Rhode Island Limited Liability Company organized on **January 03, 2023.**I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

STATE OF RHOOK STANDS

standing with this office.

SIGNED and SEALED on

Trey M. and

July 02, 2024

Secretary of State

Certificate Number: 24070007990

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli