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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (814)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mavila@gid.com

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DIVISION OF CORPORATIONS

Foreign Limited Liability Company
GID Investment Advisers LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DocuSign Envelope ID: 9C0B9F5A-195D-47F4-8DEC-7EBA9EBD5054

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GID Investment Advisers LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C."

2. Delaware 86-0981966
Jurisdiction under the laws of which foreign limited liability company is organized. 3. 86-0981966 (LLC Number, if applicable)

4. Upon filing,
(State and territory included but not in Florida, if prior to registration. (See sections 605.094 & 605.095, F.S., for telecommuting penalty liability.)

5. 125 High Street, 27th Floor, High Street Tower 125 High Street, 27th Floor, High Street Tower
(Street Address of Principal Office) (Mailing Address)
Boston, MA 02110 Boston, MA 02110

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

Name: C T Corporation System
Office Address: 1206 South Pine Island Road
Plantation, Florida 33324

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.

By: C T Corporation System
Registered agent's signature

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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 type="checkbox"/> Manager	Name <u>Hisham Kader</u>	<input type="checkbox"/> Manager	Name <u>Jacob Berger</u>
<input type="checkbox"/> Member	Address <u>125 High Street</u>	<input type="checkbox"/> Member	Address <u>211 Perimeter Center Pkwy NE</u>
<input checked="" type="checkbox"/> Authorized Person	<u>27th Floor, High Street Tower</u> <u>Boston, MA 02110</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Atlanta, GA 30346</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

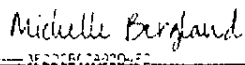
<input type="checkbox"/> Manager	Name <u>Jason M. Sweatt</u>	<input type="checkbox"/> Manager	Name <u>Michelle Bergland</u>
<input type="checkbox"/> Member	Address <u>125 High Street</u>	<input type="checkbox"/> Member	Address <u>125 High Street</u>
<input checked="" type="checkbox"/> Authorized Person	<u>27th Floor, High Street Tower</u> <u>Boston, MA 02110</u>	<input checked="" type="checkbox"/> Authorized Person	<u>27th Floor, High Street Tower</u> <u>Boston, MA 02110</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name <u>Gregory E. Haas</u>	<input type="checkbox"/> Manager	Name <u>Jennifer Keller Furlow</u>
<input type="checkbox"/> Member	Address <u>125 High Street</u>	<input type="checkbox"/> Member	Address <u>125 High Street</u>
<input checked="" type="checkbox"/> Authorized Person	<u>27th Floor, High Street Tower</u> <u>Boston, MA 02110</u>	<input checked="" type="checkbox"/> Authorized Person	<u>27th Floor, High Street Tower</u> <u>Boston, MA 02110</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 § 817.155, F.S.

DocuSigned by:

 3F2271617A2270457

Signature of an authorized person

Michelle Bergland

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GID INVESTMENT ADVISERS 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 SIXTH DAY OF AUGUST, A.D. 2024.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

3727717 8300

SR# 20243339817

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

Authentication: 204098478

Date: 08-06-24