

M24000014680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

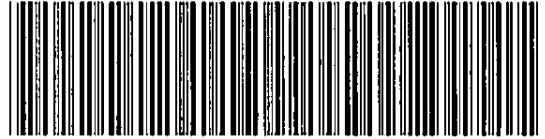
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2024 NOV 19 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 NOV 19 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 20 2024  
K. Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account J20210000160: \$ 125.00

Authorization Signature: Sen Fule

Fort Myers Gateway GFW, LLC

Business Name

#Document

    Walk in

    Will wait

    Certified Copies of the Articles of Incorporation

    Certificate of Status

**NEW FILINGS**

    Profit  
    Not for Profit  
    LLC  
    Domestication  
    INC  
    CORP  
    OTHER

**AMENDMENTS**

    Amendment  
    Resignation of R.A.  
    Change of Registered Agent  
    Dissolution/Withdrawal  
    Conversion  
    Statement of FACT  
    Merger

**OTHER FILINGS**

    Annual Report  
    Fictitious Name  
    Statement of Authority  
    APOSTIL           

COUNTRY

**REGISTRATION/QUALIFICATIONS**

  X   Foreign Filing  
    Partnership  
    Reinstatement  
    CORRECTION for a Foreign LLC  
    Domestication of a Foreign Corp.  
               Other

EXAMINER'S INITIALS:

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fort Myers Gateway GFW, 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:

Sydnee Kirby

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10911 Dunscore Cottage Way

\_\_\_\_\_  
Address

Wimauma, FL 33598

\_\_\_\_\_  
City/State and Zip Code

sydnee@thegarretco.com

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

For further information concerning this matter, please call:

Sydnee Kirby

765

810-3639

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fort Myers Gateway GFW, L.L.C.  
(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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 1051 Greenwood Springs Blvd.  
(Street Address of Principal Office)

6. 10911 Dunscore Cottage Way  
(Mailing Address)

Greenwood, IN 46143 Wimauma, FL 33598

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

Name: Sydnee Kirby

Office Address: 10911 Dunscore Cottage Way

Wimauma 33598  
(City) Florida (Zip code)

APPROVED  
AND  
FILED  
2024 NOV 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Sydnee Kirby  
(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 type="checkbox"/> Manager               | Name: <u>Sydnee Kirby</u>                  | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>10911 Dunscore Cottage Way</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Wimauma, FL 33598</u>                   | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                      | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                                | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input checked="" type="checkbox"/> Member     | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                      | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                      | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager           | Name: _____                                | <br><input type="checkbox"/> Manager | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____                                      | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____                                      | Person                               | _____                                |
| <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.

Sydnee Kirby  
Signature of an authorized person

Sydnee Kirby  
Typed or printed name of signee

# Delaware

The First State

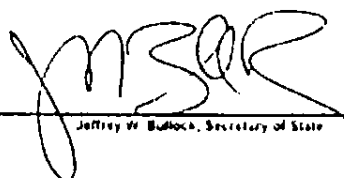
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORT MYERS GATEWAY GFW, 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORT MYERS GATEWAY GFW, LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2024.

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



  
Jeffrey W. Bullock, Secretary of State

Authentication: 204880935

Date: 11-14-24

10/11/2024 10:00

10/11/2024 10:00

For more information, please visit [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)