# 1. M9800000/0008

TRANSMITTAL LETTER 1 00789 - 01115 - 00644-01114-00671

**Qualification/Tax Lien Section** TO: Division of Corporations - GATOR MANAGEMENT SERVICES, LIMITED LIABILITY COMPANY (Name of corporation - must include suffix) Dear Sir or Madam: \*\*\*\*162.50 The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: BIFF F. GODFREY, ESQUIRE (Name of Person) BOGIN, MUNNS, MUNNS (Firm/Company) 250 N. Orange Avenue, Suite 1100 P.O. Box 2807 (Address) Orlando, FL 32802 (City/State/Zip) Should you need to call someone concerning this matter, please call: 425-1814 BIFF F. GODFREY, ESQUIRE (Area Code & Daytime Telephone Number) (Name of Person) Name **Availability** 

## COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Name
Availability

Document
Examiner

Updater

Updater
Verifyer

Acknowledgement

W. P. Verifyer

### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 2, 1998

BIFF F. GODFREY, ESQ. 250 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32802

SUBJECT: GATOR MANAGEMENT SERVICES, LIMITED LIABILITY

COMPANY

Ref. Number: W98000016886

We have received your document for GATOR MANAGEMENT SERVICES, LIMITED LIABILITY COMPANY and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 798A00045169

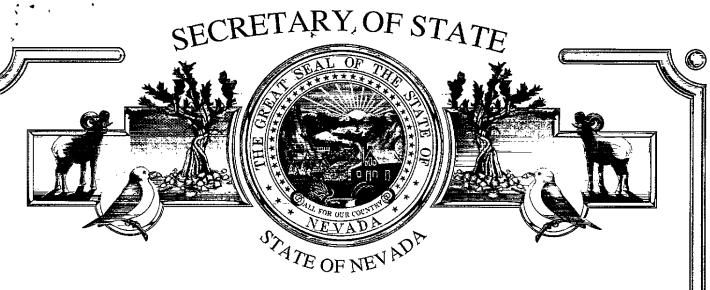
SECRETARY OF STATE DIVISION OF CORPORATIONS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NEVADA	3	91-	1904596		
urisdiction under the law of which foreign li mpany is organized)	mited liability	91–1904596 (FEI number, if applicable)			
May 4, 1998	5.	•	Perpetual		
(Date of Organization)		(Duration: Year limite exist or "perpetual")	ed liability compa	ny will cease to	
Upon Qualification					
(Date first transacted business	in Florida. (See se	ections 608.501, 608.502	2, and 817.155, F.	.S.)	
996 United Circle, Sparks,	Nevada 89432				
	(Street address of p	vrincinal office)			
		AMOIDM OTHOUS			
`	(~	• •			
st name, title, and business address of	f each managing				
st name, title, and business address of	f each managing				
st name, title, and business address of Il manage the foreign limited liability	f each managing y company in F	orida: (attach additi	ional page if ne		
st name, title, and business address of	f each managing		ional page if ne		
st name, title, and business address of Il manage the foreign limited liability	f each managing y company in Fl	NAME & ADD	ional page if ne		
st name, title, and business address of ill manage the foreign limited liability  NAME & ADDRESS:	f each managing y company in Fl	NAME & ADD	ional page if ne		
st name, title, and business address of all manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	SCENE LANGERS	
st name, title, and business address of ill manage the foreign limited liability  NAME & ADDRESS:  DAVID ZIARNOWSKI	f each managing y company in Fl	orida: (attach additi	ional page if ne	SCESSARY SEPTEMBERS OF CORPORTS OF CORPORT	
st name, title, and business address of ill manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	SCENE LANGERS	
st name, title, and business address of all manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	SCENE OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION OF LANGER	
st name, title, and business address of all manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	SCENE OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION OF LANGER	
st name, title, and business address of all manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	SCENE OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION OF LANGER	
st name, title, and business address of all manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	SCENE OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORATION OF LANGER	
st name, title, and business address of ll manage the foreign limited liability  NAME & ADDRESS:  DANTO ZIARNOWIKE  P.O. BUA 20689	f each managing y company in Fl	NAME & ADD	ional page if ne	OR SEPTE AN GEN	

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GATOR MANAGEMENT SERVICES**, **LIMITED LIABILITY COMPANY**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 4, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on June 8, 1998.

Secretary of State

Ву

Certification Clerk

98 SEP 14 AM 8: 47

SECRETARY OF STATE DIVISION OF CORPORATIONS

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

١,	. The name of the Limited Liability Company is.	
	Gator Management Services, Limited Liability Company	<b>-</b>
2.	2. The name and the Florida street address of the registered agent and office are:	ž. " -
	Biff Godfrey, Esquire	
	Bogin, Munns & Munns	
	(Name)	
	250 N. Orange Avenue	
	Suite 1100	: .1:-
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Orlando FL 32801	
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersig	ned mem	per or authori	zed representati	ve of a member of	GATOR	MENTI	SEAUTCES
LL C,	DBA	RMK		certifies:	**		
l) the above	named lin	nited liability	company has at	t least two members	5;		
2) the total a	mount of	cash contribu	ted by the memb	per(s) is		\$ 1,0	00 -
(A descrip	_		•	sh contributed by n de a part hereto.)	nember(s) is	\$ 1,0 \$ -0	. ————————————————————————————————————
by membe	er(s) is		perty contributed at 2 and 3 above.	l and anticipated to	be contribute	d \$1,00	<i>00</i>
,			Doly	<del></del>			
_ `	(În a affid	ccordance with	section 608.408(3) an affirmation und	horized represents , Florida Statutes, the er the penalties of perju	execution of this	1	
		KEIT	· f Q. 1	TE LLESON rinted name of sign	-	98	DIVISE SEC
			Typed or p	rinted name of sign	ee	SEP IL AM 8:4	FILED SRETARY OF STAT
							<u>o</u> m

Filing Fee: \$250.00 for Application and Affidavit