

10/8/2019

Division of Corporations

M19000009598

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

2019 OCT -9 PM 12:19

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

Email Address: \_\_\_\_\_

2019 OCT -9 PM 12:22

**Foreign Limited Liability Company  
Grant Management Group LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

OCT 10 2019

M. SOLOMON

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Corporate Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Grant Management Group 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:

Cheyenne Moseley

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

Legalzoom.com, Inc.

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

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

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

grantmanagementgroup.llc@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0888

at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. Grant Management Group LLC  
(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. Virginia 3. 83-2365197  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 9/16/2019  
(Date firm transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

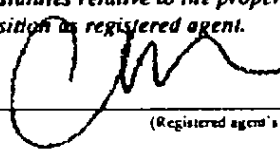
5. 1512 E John Sims Pkwy #320 6. 1512 E John Sims Pkwy #320  
(Street Address of Principal Office) (Mailing Address)  
Niceville, FL 32578 Niceville, FL 32578

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

Name: UNITED STATES CORPORATION AGENTS, INC.  
Office Address: 5575 S. Semoran Blvd., Suite 36  
Orlando, Florida 32822  
(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.*

  
\_\_\_\_\_  
(Registered agent's signature) CHEYENNE MOSELEY, ASSISTANT SECRETARY,  
UNITED STATES CORPORATION AGENTS, INC.

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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]:

**Title or Capacity:** **Name and Address:**

Manager Name: Carroll A Grant

Member Address: 1512 E. John Sims Pkwy #320

Authorized Niceville, FL 32578

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

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**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.

Carroll A Grant  
Signature of an authorized person

Carroll A Grant  
Typed or printed name of signer

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

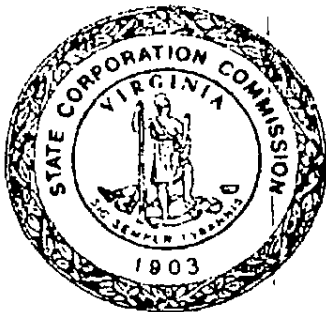
*I Certify the Following from the Records of the Commission:*

That Grant Management Group LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 25, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
October 9, 2019*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission