

M23000005572

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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HALL COUNTY, FL

S. F. 11-11
MAY 1-2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greystoke, 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:

David Robbins
Name of Person

Brandt + Robbins, P.C.
Firm/Company

206 Princeton Rd. Ste 25
Address

Johnson City, TN 37601
City/State and Zip Code

dave@bbrattorneys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Robbins at (423) 282-4981
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

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TALLAHASSEE, FL
STATE

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. Greystone, 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. Tennessee
(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. 131 Alexander Dr.
(Street Address of Principal Office)

6. 131 Alexander Dr.
(Mailing Address)

Johnson City, TN 37604

Johnson City, TN 37604

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

Name: Registered Agents, Inc.

Office Address: 7901 4th St. N, Ste 300

St. Petersburg, Florida 33702
(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.

David Roberts
(Registered agent's signature)

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TAMPA, FL

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:	Greystone Irrevocable Trust		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	131 Alexander Dr.		<input checked="" type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Johnson City, TN 37604		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	Barran Grindstaff Irrevocable Trust		<input type="checkbox"/> Manager	Name:	Barbara Malone	
<input checked="" type="checkbox"/> Member	Address:	131 Alexander Dr.		<input type="checkbox"/> Member	Address:	900 Princeton Rd.	
<input type="checkbox"/> Authorized		Johnson City, TN 37604		<input checked="" type="checkbox"/> Authorized		Ste 25	
Person				Person		Johnson City, TN 37601	
<input type="checkbox"/> Other				<input type="checkbox"/> Other			
<input type="checkbox"/> Manager	Name:	Bentley Grindstaff Irrevocable Trust		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	131 Alexander Dr.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Johnson City, TN 37604		<input type="checkbox"/> Authorized			
Person				Person			
<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.

Barbara Malone

Signature of an authorized person

Barbara Malone, Attorney

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BRANDT & ROBBINS, P.C.
DAVID ROBBINS
STE 25
206 PRINCETON ROAD
JOHNSON CITY, TN 37601

February 7, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0515154

Issuance Date: 02/07/2023
Copies Requested: 1

Document Receipt

Receipt #: 007784866 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3844856386 \$20.00

Regarding: Greystoke, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 04/22/1985
Status: Active
Duration Term: Perpetual
Business County: CARTER COUNTY

Control #: 155311
Date Formed: 04/22/1985
Formation Locale: TENNESSEE
Inactive Date:

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TRE HARGETT
SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Greystoke, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 058745120



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2023

DAVID ROBBINS
206 PRINCETON RD STE 25
JOHNSON CITY, TN 37601 US

SUBJECT: GREYSTOKE, LLC
Ref. Number: W23000037229

We have received your document for GREYSTOKE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 923A00006310

Tallahassee FL

RECEIVED

MAY 01 2023