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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

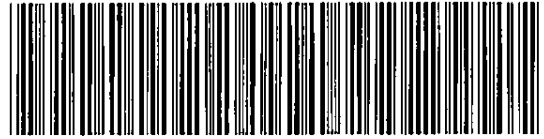
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREEN ROCK STRATEGIES, 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:

HEATHER MCKAY

Name of Person

GREENN ROCK STRATEGIES, LLC

Firm/Company

1640 MEETING STREET ROAD, SUITE 305

Address

CHARLESTON, SC 29405

City/State and Zip Code

HMCKAY@GREENROCKLLC.COM

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

For further information concerning this matter, please call:

DEBRA MONGIARDO

352
at ()

339-0545

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. GREEN ROCK STRATEGIES, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
(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. CHARLESTON COUNTY, SOUTH CAROLINA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 1640 MEETING STREET ROAD
(Street Address of Principal Office)
SUITE 305
CHARLESTON, SC 29405
6. 1640 MEETING STREET ROAD
(Mailing Address)
SUITE 305
CHARLESTON, SC 29405

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

Name: DEBRA MONGIARDO
Office Address: 3520 NW 43rd STREET
GAINESVILLE, Florida 32606
(City) (Zip code)

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FILED

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.

Debra Mongiardo
(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]:

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

Manager Name: HERMAN EDWARD SMITH, III
 Member Address: 1640 MEETING STREET RD.
 Authorized SUITE 305
 Person CHARLESTON, SC 29405
 Other CEO Other

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

Manager Name: RAYMOND LIGHTFOOT, JR.
 Member Address: 640 MEETING STREET RD
 Authorized SUITE 305
 Person CHARLESTON, SC 29405
 Other PRESIDENT Other

Manager Name: BOB SHEPARD
 Member Address: 640 MEETING STREET RD
 Authorized SUITE 305
 Person CHARLESTON, SC 29405
 Other VICE PRESIDEN Other

Manager Name: HEATHER MCKAY
 Member Address: 640 MEETING STREET RD
 Authorized SUITE 305
 Person CHARLESTON, SC 29405
 Other CONTROLLER Other

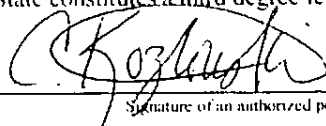
Manager Name: CHRISTINE KOZLOWSKI
 Member Address: 1640 MEETING STREET RD.
 Authorized SUITE 305
 Person CHARLESTON, SC 29405
 Other OFFICE MGR. Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ 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.



Signature of an authorized person

CHRISTINE KOZLOWSKI

Typed or printed name of signer

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

GREEN ROCK STRATEGIES, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 3rd, 2016, with a duration that is until December 1st, 2066, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 12th day
of February, 2024.


Mark Hammond, Secretary of State