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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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L. SELLERS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRAYSTON MORTGAGE FUND, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

ROSS JOHNSTON

Contact Person

GRAYSTON MORTGAGE, LLC

Firm/Company

P O BOX 1271

Address

WINTER PARK, FL 32790

City, State and Zip Code

rossjohnston200@gmail.com

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

For further information concerning this matter, please call:

Thomas V. Infantino

Name of Contact Person

at (407)

644-4673, ext 110

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input checked="" type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET ADDRESS:

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

MAILING ADDRESS:

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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. GRAYSTON MORTGAGE FUND, LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

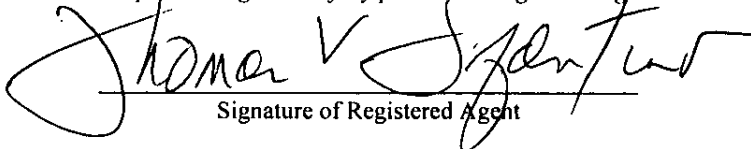
If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.

2. DELAWARE 3. December 15, 2006
State or Country of Formation Date of Formation

4. THOMAS V. INFANTINO
Name of Registered Agent for Service of Process

5. Suite 7, 180 South Knowles Ave., Winter Park, FL 32789
Florida street address for Registered Agent

6. 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 an accept the obligations of my position as registered agent. ~


Signature of Registered Agent

7. Suite 7, 180 South Knowles Ave., Winter Park, FL 32789
Principal office address

8. If limited partnership is a limited liability limited partnership, check box ☐

9. P O BOX 1271
(Mailing address)
Winter Park, FL 32790

10. Name, principal office address, and mailing address of each general partner:

<u>Grayston Mortgage, LLC</u>	<u>452 Sylvan Drive</u>
Name	Street Address
	<u>Winter Park, FL 32789</u>
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address
<u></u>	<u></u>
Name	Street Address
	Mailing Address

Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

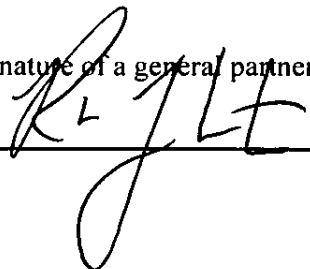
11. Effective date, if other than the date of filing: November 1, 2009.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 12th day of November, 20 09.

Signature of a general partner:



Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$ 52.50
Certificate of Status (optional):	\$ 8.75

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAYSTON MORTGAGE FUND, LP" 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 TWELFTH DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAYSTON MORTGAGE FUND, LP" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2006.

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

4270924 8300

091013125



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7637768

DATE: 11-12-09