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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2020

MICHELLE PATTERSON 13799 PARK BLVD N. #176 SEMINOLE, FL 33776

SUBJECT: GREYMINE, INC. Ref. Number: W20000083485

We have received your document for GREYMINE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

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.

Yvette Scott Document Specialist II

Letter Number: 820A00014461

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COVER LETTER

Division of Corporations			
SUBJECT: Greymine, Inc.			
	me of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreigr "Certificate of Existence," or "Certification above referenced foreign corporation	cate of Good Standi	ng" and check are submit	Business in Florida," tted to register the
Please return all correspondence conc	erning this matter to	the following:	₹ ≥
Michelle Patterson		Ų	2020 AUG
Greymine, Inc.	Name of Pe	rson	5 G
13799 Park Blvd N, #176	Firm/Compa	iny	F SIA
	Address	 	- 중세 교 -
Seminole, FL 33776			
accounts@greymine.com	City/State and	Zip code	
E-mail add	ress: (to be used for	future annual report noti	fication)
For further information concerning thi	s matter, please call	:	
Michelle Patterson	at (⁵⁰² Area Code	498-4510	
Name of Person	Area Code	498-4510 Daytime Telephon	e Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite & Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 Fi	DEPARTMENT OF Street & Street		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Michelle Patterson 13799 Park Blvd N, #179	Greymine, Inc.						
2. Wyoning (State or country under the law of which it is incorporated) 4. 1/23/2014 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) 13799 Park Blvd N, #176, Seminole, FL 33776 (Current mailing address, if different) Name: Name: Michelle Patterson Office Address: Seminole (Findia) (Findia	(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORAT Corp." "Inc." "Co." or "Corp.")	ED.	" "COMPANY," "CORPORATION,"			_
2. Wyoning (State or country under the law of which it is incorporated) 4. 1/23/2014 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) 13799 Park Blvd N, #176, Seminole, FL 33776 (Current mailing address, if different) Name: Name: Michelle Patterson Office Address: Seminole (Findia) (Findia	(If name unavai	lable in Florida, enter alternate corporate na	me	adopted for the purpose of transacting but	siness in 1	Florida)	_
(State or country under the law of which it is incorporated) 4. \[\frac{1/23/2014}{\text{(Date of incorporation)}} \] (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address. if different) (Current mailing address. if different) Name: Michelle Patterson (Principal office street address) (Current mailing address. if different)	Wyomino						
4. \frac{1/23/2014}{\text{(Date of incorporation)}} \frac{1}{\text{(Date of duration, if other than perpetual)}} \frac{7}{\text{(Date of incorporation)}} \frac{1}{\text{(Date first transacted business in Florida, if prior to registration)}}{\text{(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1502 & F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1502 & F.S., to determine penalty liability)}} \frac{1}{\text{CESECTIONS 607.1502 & F.S., to determine penalty liability}} \frac{1}{CESECTIONS 6	(State or count	ry under the law of which it is incorporated))	(FEI number, if applica	ble)		-
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Michelle Patterson 13799 Park Blvd N, #179 Seminole Florida Florida 33776 Seminole Florida 33776 Seminole Florida 33776 Seminole Florida 33776 Seminole	7. 1621 Central Ave	(SEE SECTIONS 607.1501 & 60 e. cheyenne, WY 82001	7.15	502, F.S., to determine penalty liability)	TALL AND THE	2020 A UG	_
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Michelle Patterson 13799 Park Blvd N, #179		(Current ma	ailin	g address, if different)	- 57	P	i
Seminole . Florida 33776			P.C). Box <u>NOT</u> acceptable)	S TATE LORIDA	ယ္	C
Florida	Office Address:	13799 Park Blvd N, #179					
		Seminole		Florida 33776			
(City) (Zip code)		(City)					

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

A. DIRECTORS			
□ Chairman	Name: Michelle Patterson	Chairman	Name: Gary Patterson
□Vice Chairman	Address: 13799 Park Blvd N	Vice Chairman	Address: 13799 Park Blvd N
□Director	#176	Director	#176
President	Seminole, FL 33776	President	Seminole, FL 33776
□Vice President		■ Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:		Name:
□ Vice Chairman	Address:	_ □Vice Chairman	Address:
□Director		_ Director	
□President		□President	2020
□Vice President		_ □ Vice President	AUG TI
☐ Secretary	□Treasurer	□Secretary	Treasurer T
□ Other		Other	
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□Chairman	Name:	_ Chairman	Name:
□Vice Chairman	Address:	_ □Vice Chairman	Address:
□Director		_ □ Director	
□President		_ □ President	
□ Vice President		_ □Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	Other	Other	□ Other
Important Notice: I individuals may be 12.	Jse an attachment to report more than six (6). added to the index when filing your Florida D	epartment of State Annual Rep	port form.
		irector or Officer	
The officer or direction is aware that falls. 155, F.S.	etor signing this document (and who is listed in lse information submitted in a document to the	number 11 above) affirms that Department of State constitut	at the facts stated herein are true and that he o es a third degree felony as provided for in

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Greymine, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **January 23, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000657614**.

This entity is in existence and in good standing in this office and has filed all amual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenge, Wyoming on this 18th day of July, 2020 at 1:09 PM. This certificate is assigned ID Number 037943436.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.