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S. FRANKLIN MAR 1 4 2022

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: Greystone Inc					
	Name of corporatio	n - must include suffix			
Dear Sir or Madam:					
The enclosed "Application be "Certificate of Existence," can above referenced foreign co	or "Certificate of Good Sta	nding" and check are subm	Business in Florida," itted to register the		
Please return all correspond	ence concerning this matte	er to the following:			
Eduard Gavrish					
	Name o	f Person	26		
Greystone Inc			2022 FEB		
	Firm/Co	mpany	ED		
PO BOX 63			23		
	Add	ress	P11 5:		
Vancouver, WA 98666			, vi		
<u> </u>	City/State	and Zip code	#		
ed.gavrish@gmail.com					
L	-mail address: (to be used	for future annual report no	tification)		
For further information con	cerning this matter, please	call:			
Eduard Gavrish	at (910-3798	910-3798 Daytime Telephone Number		
Name of Person	Area Co	de Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the Please make check payable to: ☐ \$70.00 Filing Fee	: FLORIDA DEPARTMEN	T OF STATE □ \$78.75 Filing Fee & Certified Copy	\$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.

1. Greystone Inc. (Enter name of o	corporation: must include "INCORPORATE	ED." "COMPANY." "CORPORATION	N."
	Corp," "Inc," "Co," or "Corp.")		•
#1 Choice: Gre	ystone FL Inc, #2 Choice: Greystone Florida	i Inc. #3 Choice Greystone Naples Inc	
	lable in Florida, enter alternate corporate na		g business in Florida)
WASHINGTON	NI.		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
00/02/2017			
(Date	e of incorporation)	5(Date of duration, if other than perpetual)	
,			
· 	(Date first transacted busines	s in Florida, if prior to registration)	
	(0.53 800 110110 007.1501 & 007	7.1502, F.S., to determine penalty liabili	ty)
.—————————————————————————————————————	Vancouver, WA 98662	~	
PO ROY 69 Va	(Principal o ncouver, WA 98666	office <u>street</u> address)	
		iling address, if different)	
	(Current ma	ming address, it different)	2022 FEB
. Name and stre	et address of Florida registered agent: (I	P.O. Roy, NOT acceptable)	EB.
	Eduard Gavrish	10. Dox 1101 acceptable)	23
Name:	Tadad Claviisii		PH
Office Address:	319 Lambton La		ုံ ကွဲ ေ
	Naples	Florida 34104	3 PH 5: 14
	(City)	(Zip code)	
D 14 1		•	
	ent's acceptance: ned as registered agent and to accept ser	rvice of process for the above states	Learnaration at the al
esignated in this	application, I hereby accept the appoin	itment as registered agent and agre	e to act in this capacit
urther agree to c	omply with the provisions of all statute:	s relative to the proper and complet	e performance of my o
na r um jamiliai	with and accept the obligations of my	position as registered agent.	
	ELL		
	(Registered agent's	s signature)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	·					
□Chairman	Eduard Gavrish Name:	□ Chairman	Name:			
□ Vice Chairman	8102 NE 91st PL Address:	□Vice Chairman	Address:			
Director	Vancouver, WA 98662	□Director				
□President		□President				
□Vice President		□ Vice President				
□Secretary	□Treasurcr	☐ Secretary		□Treasurer		
Other	Other	□Other		□Other		
□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		
□Chairman	Name:	□Chairman	Name:	2022		
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		: 23		
□President		□President		P		
□Vice President		□Vice President		<u>.</u>		
☐ Secretary	☐Treasurer	☐ Secretary		□Treasurer		
Other	□Other	□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.						
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

The State of Washington

Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

GREYSTONE INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/02/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 02/22/2022 UBI Number: 604 152 289

R Hobbie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 02/22/2022