Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : 120000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
GRANDVIEW FUNDS LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000152083

1. Limited Liability Company's Name
GRANDVIEW FUNDS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3972 NW 52ND ST	3972 NW 52ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country:	Zip: 33496 Country:

CR2E041 (1/14)

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 09/09/2009

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable) Suite:
115 N CALHOUN ST #4

Apt. #, Etc.

City: TALLAHASSEE, State: FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 1/10/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	JEFF ALTSCHUL	3972 NW 52ND ST	BOCA RATON, FL 33496

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am 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.

Signature of authorized representative/member: /S/ JEFF ALTSCHUL Date: 1/10/2017 Daytime Phone #: _____

Typed or printed name of signing authorized representative/member: JEFF ALTSCHUL

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JAN 11 2017

C. CARROTHERS