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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARLTON FIELDS

Account Number : 076077000355

Phone : (813)223-7000

Fax Number

: (813)229-4133

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Gramberry, LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: GRAMBERRY, 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:				
LAVINIA JAMES VAUGHN, ESQUIRE				
(Name of Person)				
CARLTON FIELDS, P.A.				
(Firm/Company)				
P.O. BOX 3239				
(Address)				
TAMPA, FL 33601				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
LAVINIA JAMES VAUGHN, ESQUIRE at (813) 229-4144				
(Name of Person) (Area Code & Daytime Telephone Number)				
MAILING ADDRESS: STREET ADDRESS:				
Division of Corporations P.O. Box 6327 Clifton Building				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Begin{array}\$ \preceq \\$ \preceq \qu				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

١.	GRAMBERRY, LLC	
	(Name of Foreign Limited Liability Company)	_
2	ALABAMA 3. 26-4819737	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4	MAY 6, 2009 5. PERPETUAL	
٦,	(Date of Organization) (Duration: Year limited liability company will prease to	9
	exist or "perpetual")	HAY
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	 - -
7.	110 OFFICE PARK DRIVE, SUITE 200	3
	BIRMINGHAM, AL 35223	_ _ &
	(Street Address of Principal Office)	- 22
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	GRAHAM & COMPANY, LLC	_
	110 OFFICE PARK DRIVE, SUITE 200	
	BIRMINGHAM, AL 35223	_
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of regularized by the official having custody of regularized by the official having custody of regularized under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)	ecords in
11	. Nature of business or purposes to be conducted or promoted in Florida: OWNERSHIP, DEVELOPI	MENT,
	OPERATION AND MANGEMENT OF REAL PROPERTY	
	I ten I has	_ ·
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated herein are true.)	
	STEVE GRAHAM	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of	of the Limited Liability Company is:	
2. The name a	and the Florida street address of the registered agent and office are:	
	GRAHAM & COMPANY, LLC (Name)	99 HAY SECRE TALLAH
	550 WATER STREET Florida Street Address (P.O. Box NOT ACCEPTABLE)	19 NASSA NASSA
	JACKSONVILLE, FL City/State/Zip	AM 8: 22 OF STATE OF FLORIDA
liability compa agent and agre relating to the p	amed as registered agent and to accept service of process for the above my at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of proper and complete performance of my duties, and I am familiar with my position as registered agent as provided for in Chapter 608, Florida (Signature)	e stated limited Intment as registered of all statutes and accept the

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional) \$ 30.00 S 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Gramberry, LLC organized in the office of the Judge of Probate of Jefferson County on May 6, 2009. I further certify that the records do not disclose that said Gramberry, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 18, 2009

Date

Beth Chapman go

Beth Chapman

Secretary of State