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D. BRUCE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Graves RC Hobbies, LL	
Nam	ne of Limited Liability Company
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	ility Company for Authorization to Transact Business in Florida," Certificate of over referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this mat	tter to the following:
George W. Graves Jr.	
	Name of Person
Graves RC Hobbies, LLC	
	Firm/Company
4814 North Orange Bloss	
	Address
Orlando, Florida 32810	721
	City/State and Zip Code
laravesre@amail.com	AAA R 🚗
Jgravesrc@gmail.com E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, pleas	e call:
George W. Graves Jr.	at (407) 294-7702
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amoun \$125.00 Filing Fee Certificate of State	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

UMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Graves RC Hobbies, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
Wyoming (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
1 March 25, 2010 5. 50 Years
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5. January 01, 2011
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
4814 North Orange Blossom Trail
Orlando, Florida 32810
(Street Address of Principal Office)
(Street Address of Principal Office) 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:
George W. Graves Jr.
4814 North Orange Blossom Trail
Orlando, Florida 32810
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Retail Hobby Shop
W 1110 1
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 an affirmation under the

penalties of perjury that the facts stated herein are true. I am aware that any 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.)

George W. Graves Jr.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Graves RC Hobbies, LLC			
If unavailable, the alternate to be used in the state of Florida is:			
Graves R/C Hobbies, LLC			
2. The name and the Florida street address of the registered agent and office are:	2		_
George W. Graves Jr.	LLAN	10 DEC	77
(Name)	TARY ASSI	DEC 27	-
907 Billdot Drive	E C		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		स् इ. ५	<u> </u>
Apopka _{FL} 32703	D >		
City/State/Zip	_		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Graves RC Hobbies, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 25, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000582154**.

This entity is in existence and in good standing in this office and has filed all annual 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 Cheyenne, Wyoming on this 22nd day of December, 2010 at 2:11 PM. This certificate is assigned 008968030.



Maj Massielo
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 http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.