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EXAMINER



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SECRETARY OF STATE OF STATE

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314



7/9/12

Please see the enclosed documents and check to allow my Wyoming LLC to transact business in the beautiful, sunny State of Florida where I now happily reside.

Please contact me if I got anything wrong.

Thank You,

Susan Linton

Grayfin LLC

949 Gregory St. E

Lehigh Acres FL 33974

239-218-9811

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Grayfin LLC		
		me of Limited Liability Company	
		bility Company for Authorization to Transact Business in Florida, bove referenced foreign limited liability company to transact business.	
Please	return all correspondence concerning this ma	atter to the following:	
	Susan R Linton		9
		Name of Person	785 1-569 1
	Grayfin LLC		3 0 2 0
Firm/Company			
	949 Gregory St E		3
	<u>0.00 0.090.7 0.1 </u>	Address	39 OF
	Lehigh Acres FL 33974	City/State and Zip Code	
	justcallsue@gmail.com E-mail address: (i	·	
For fur	ther information concerning this matter, plea	ase call:	
	Susan R Linton	_{at (} 239 ₎ 218-9811	
	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	
	sed is a check for the following amou \$125.00 Filing Fee	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certific	ate

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:

1. Grayfin LLC	1.61: 1.11:1.12
(Name of Foreign Limited Liability Company; must include	ude "Limited Liability Company," "L.L.C.," or "LLC.")
Foxpiper LCC	
	ose of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability
2. Wyomng	3
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	5. perpetual
(Date of Organization)	(Duration: Year limited liability company with cease for exist or "perpetual")
6. has not to date	المُرْجُلُونِ اللَّهِ
(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) to determine penalty liability)
7. 949 Gregory St E	<u>್ರ</u>
Lehigh Acres FL 33974	
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	company, check here
0.00	
9. The name and usual business addresses of the man	laging members or managers are as follows:
 	
10. Attached is an original cartificate of originary no more than 00	days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy	
translation of the certificate under oath of the translator must be sub	, , ,
11. Nature of business or purposes to be conducted o	r promoted in Florida: Real Estate investing and rehab
	11.04.60
Signature of a member or an av	uthorized representative of a member.
	cution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are tr	ue. I am aware that any false information submitted in a s a third degree felony as provided for in s.817.155, F.S.)
	4 (A). Les

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

1. The name of the Limited Liability Company is:

Grayfin LLC

If unavailable, the alternate to be used in the state of Florida is:

Foxpiper LLC

2. The name and the Florida street address of the registered agent and office are:

Susan R Linton

(Name)

949 Gregory St E

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Lehigh Acres

FI. 33974

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.

City/State/Zip

MULI (Signature)

\$ 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,

Grayfin LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 18, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000607056**.

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 9th day of July, 2012 at 11:18 AM. This certificate is assigned 012335620.



May Maffield 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.