M14000003944

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(Address)
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GRAVIC

April 24, 2014

Gravie Agency LLC 10 S. 5th Street, Suite 650 Minneapolis, MN 55402

State of Florida
Division of Corporations
Registration Section, Attn: Deborah Bruce
P.O. Box 6327
Tallahassee, FL 32314

Re: Ref. Number: W14000023260, Letter Number: 614A00007888

Dear Ms. Bruce:

We are in receipt of your letter dated April 11, 2014 (copy enclosed) requesting additional information on the "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Please find enclosed an updated form pursuant to your request.

Please do not hesitate to contact me with any questions or if you require any additional information. You may reach me directly via email at: sgrcevich@gravie.com or via telephone at: (612) 314-6927.

Thank you.

Sincerely,

Sarah Grcevich

Compliance & Legislative Lead

Gravie



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2014

SARAH GRCEVICH 10 S. 5TH ST, SUITE 650 MINNEAPOLIS, MN 55402

SUBJECT: GRAVIE AGENCY LLC Ref. Number: W14000023260

We have received your document for GRAVIE AGENCY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00007888

GRAVIC

April 1, 2014

Gravie Agency LLC 10 S. 5th Street, Suite 650 Minneapolis, MN 55402

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

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Dear Madam/Sir:

In compliance with Section 605.0902, Florida Statutes, please find enclosed a completed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" and supporting materials, including the requisite Certificate of Existence and a \$130 filing fee.

Please do not hesitate to contact me with any questions or if you require any additional information. You may reach me directly via email at: sgrcevich@gravie.com or via telephone at: (612) 314-6927.

Thank you.

Sincerely,

Sarah Grcevich

Compliance & Legislative Lead

Gravie



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gravie Agency 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:

· · · · · · · · · · · · · · · · · · ·		
Sarah Grcevich		
Name of Person		
Gravie Agency LLC		
Firm/Company		
10 S. 5th St, Suite 650		
Address		
Minneapolis, MN 55402		
City/State and Zip Code		
sgrcevich@gravie.com	2014 /	ez-p
E-mail address: (to be used for future annual report notification)	APR	
For further information concerning this matter, please call:	25	-
Sarah Grcevich ,,612 314-6927	PP TH	
Name of Contact Person Area Code Daytime Telephone Number		i seriara
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	1: 06	Anny gage 27
Enclosed is a check for the following amount: \$\Bigsiz\$ \$\\$125.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$ \$\\$130.00\$ Filing Fee \$\Bigsiz\$ \$\Bigsiz\$ Certificate of Status \$\Bigsiz\$ Certified Copy \$\Bigsiz\$ of Status & Certified C		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gravie Agency LLC		
(Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of tr Liability Company," "L.L.C," or "LLC.")	ansacting business in Florida. The alternate name must include "Limite	ted
, Delaware	_{3.} 36-4770470	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
N/A		
(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) , F.S. to determine penalty liability)	
5		
10 S 5th Street, Suite 650, Mir		
•	s of Principal Office)	
Same as Principal Office)	
	AP	
(Mailir	ng Address)	latiniras Paratin
7. The name, title or capacity and address of the pers	لا ان >⊷بَتِ	
Marek Ciolko, Head of Operatio	ns-Manager 58 = 5	-Canada
10 S. 5th Street, Suite	650 B	•
10 S. 5th Street, Suite Minneapolis, MN 55402		
3. Attached is an original certificate of existence, no maying custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a must be submitted)	nore than 90 days old, duly authenticated by the officient law of which it is organized. (A photocopy is not a translation of the certificate under oath of the oath of the certificate under oath oath oath oath oath oath oath oath	
	n authorized person stitutes an affirmation under the penalties of perjury that the facts stated herein a of State constitutes a third degree felony as provided for in s.817.155, F.S.)	are tru

Marek Ciolko

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

STATUTES, FOLLOWIN	THE UNDERSIGNED	IS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA D LIMITED LIABILITY COMPANY SUBMITS THE DESIGNATE A REGISTERED OFFICE AND REGISTERED IDA.	ı	
	of the Limited Liabilit			
If unavailable	e, the alternate to be use	ed in the state of Florida is:		·
2. The name		address of the registered agent and office are:		
		ration System (Name) The Pine Island Road	,	
	Florida S	treel Address (P.O. Box NOT ACCEPTABLE)		
	Plantation	FL 33324 City/State/Zip	·	
liability compo registered age statutes relatir	any at the place designant and agree to act in the groper and configations of my position at \$1.5 \$	ant and to accept service of process for the above stated limited that the certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of a supplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida Angel Nunez Assistant Secretary (Signature) Angel Nunez Assistant Secretary (Cignature) Certificate of Status (optional)	ill	
	~	(- k		:

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRAVIE AGENCY LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2014 APR 25 PM 1: 06

5397521 8300

140391392

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1245964

DATE: 03-27-14

You may verify this certificate online at corp.delaware.gov/authver.shtml