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COVER LETTER

Registration Section 1
Division of Corporations

TO:

SUBJECT: GRAM S/AM Homes
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:
Steven Dellamorte
Name of Person
F: /O
Firm/Company
580 NW 43 CH
Address
OAKIMO PARK, Fl. 33309
City/State and Zip Code
9RANDS/AMHUMES @ OUT/OOK , COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steen Dell Amente at 954, 818-2021
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section Division of Corporations Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \times \text{\$□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{\$□ \$160.00 Filing Fee, Certificate of Status & Certified Copy}



January 8, 2016

٦,

STEVEN DELLAMORTE 580 NW 43 CT OAKLAND PARK, FL 33309

SUBJECT: GRAND SLAM HOMES, LLC

Ref. Number: W16000001247

We have received your document for GRAND SLAM HOMES, 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):

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please list the complete principal office address.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00000538

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

1. CKMD Sifm Homes LCC (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. The alternate name must include Liability Company," "L.L.C." or "LLC.")	de "Limite	d
2. (Jurisdiction under the law of which foreign limited liability company is organized) 4. (FEI number, if applicable)		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5** Compared to the prior to registration.)		
S80 NW 43 C+ OAKIMD PHILG FF 33309 (Street Address of Principal Office)		
6. Sme As Above (Mailing Address)	II HAL III	ななながら、 なななない。 ななななない。 ななななない。 ななななない。 ななななない。 ななななない。 ななななない。 ななななない。 なななななない。 ななななない。 なななななない。 なななななない。 なななななななななな
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Steven Dellamo Receivable	9 88 4	#####################################
Office Address: 580 NW 93 CF OAKIMM PARK F/, Florida 33309 (City) (Zip code)	<u>-</u> ω	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place this application, I hereby accept the approintment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent. (Registered agent's signature)	e to com	ply
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steven Dellams R-Le (MMK) 580 MW 43 ct DAXIM 1	Paulif	² l 3330
Elizabeth DAMBUSE (MANGED/10651 NW 44 St CORM SPRINGS FI	3300	65
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific of the translator must be submitted) Signature of an authorized person		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false infor submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	mation	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, GRAND SLAM HOMES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 25, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 16, 2015.

hora K. Cegarste

BARBARA K. CEGAVSKE

Secretary of State

Electronic Certificate
Certificate Number: C20151216-2059
You may verify this electronic certificate
online at http://www.nvsos.gov/