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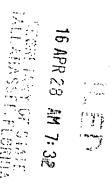
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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MAY 03 2016 J SHIVERS

COVER LETTER

TO: Registration Section

Div	ision of Corporation	IS								
SUBJECT:	Griz Global Solution	ns LLC								
		Name of Limited Liability Company								
		eign Limited Liability Comp d to register the above refer								
Please return	all correspondence o	oncerning this matter to the	following:							
	Melvin L Wick									
	Name of Person									
	Griz Global Solutions LLC									
	Firm/Company									
	331 Hackney Lane									
	Address									
	Raeford, NC 28376-5533									
	City/State and Zip Code									
	mel.wick@grizgl	lobalsolutionsllc.com								
		E-mail address: (to be used	d for future annual	report not	tification)					
For further in	nformation concerning	g this matter, please call:								
Melvin L Wick		703 at (489-72	49						
	Name o	f Contact Person	Area Code	Day	time 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								
	check for the follow 125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop					

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		ist include "Limited Liab	oility Company," "L.L.C.," or '	LLC.")		
f name unavailable, enter aliability Company," "L.L.C,	Iternate name adopted for the purpose or "LLC.")	se of transacting business	s in Florida. The alternate nam	e must inclu	ıde "L i m	ited
Wyoming		3 81-1818778				
(Jurisdiction under the law company is organized)	of which foreign limited liability	J. <u></u>	(FEI number, if applicable)			
·						
	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, if prior to 5.0905, F.S. to determine	registration.) penalty liability)			
·						
1507 Carey Ave. Office	ce 2; Cheyenne, WY, 82001					
	(Street Address of	Principal Office)		1		
•				. <u>I</u>	<u>>></u>	
same as street address				2 - 27	200	:
	(Mailing	Address)		200 E	28	E TATA
Name and street addres	ss of Florida registered agent: (P	O. Box NOT accepta	able)	Home of Street	- Marie	i Telga
Name:	Edwin K Smith				1 7:) Time
Office Address:	10721 Skyhawk Drive		_		ယ္က	
	New Port Richey		. Florida 34654	32m		
	(City)		(Zip code)			
		vice of process for the	ahove stated limited liahil	ito compai	ov at the	nlac.
esignated in this applica o complywith the provision ccept the obligations of the B. The name, title or capa	egistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	proper and complete the stered agent's signature)) who has/have authorical agent's signature agent's signature	gent and agree to act in this performance of my duties,	capacity.	I furth	er ag
laving been named as resessing the session of the complywith the provision of the complete the obligations of the complete the com	egistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis acity and address of the person(s)	the transfer of the transfer o	gent and agree to act in this performance of my duties, it is to manage is/are:	capacity.	I furth	er ag
laving been named as resessing the session of the s	egistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registered address of the person(s) I Hackney Lane, Raeford, NC 20	etment as registered as e proper and complete stered agent's signature)) who has/have authori 8376-5533 / Castle, NH 03854 -21	gent and agree to act in this performance of my duties, it is to manage is/are:	capacity.	I furth	er ag
laving been named as resignated in this applicate of complywith the provision country the obligations of the country the obligations of the law of the translator must be sufficient as resident of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of t	registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registance) (R	the transfer of the transfer o	gent and agree to act in this performance of my duties, ity to manage is/are: 125 ated by the official having on language, a translation of	and I am	I furth familia	er ago
laving been named as resignated in this applicate of complywith the provision country the obligations of the country the obligations of the law of the translator must be sufficient as resident of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of the translator must be sufficient and the law of t	registered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registered and address of the person(s) I Hackney Lane, Raeford, NC 20 O, 168 Little Harbor Road, New O, 1519 Sycamore Ridge Dr., Land of existence, no more than 90 day of which it is organized. (If the control of the control	the transfer of the transfer o	gent and agree to act in this performance of my duties, ity to manage is/are: 125 ated by the official having on language, a translation of	and I am	I furth familia	er ag r with in the

Typed or printed name of signee

Melvin L Wick (CEO)

STATE OF WYOMING Office of the Secretary of State

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

Griz Global Solutions, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 15, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000709120**.

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 18th day of April, 2016 at 7:32 AM. This certificate is assigned 019952938.

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.