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#### **COVER LETTER**

	stration Section ion of Corporatio	ns				
SUBJECT:	Greylock Residenti	al, LLC, a CT limited liabilit	ty company			
50 <b>5</b> 0201		Name of	Limited Liability (	Company		
		reign Limited Liability Comp ed to register the above refer				
Please return a	ill correspondence	concerning this matter to the	following:			
¥.	John D. Bailey	, Jr., Esquire				
		N	ame of Person			
	Upchurch, Bai	ley and Upchurch, P.A.				
	<del></del>	F	irm/Company		<del></del>	
	780 North Por	ce de Leon Boulevard				
			Address			
	Saint Augustir	ne, Florida 32084				
		City/S	tate and Zip Code			
	kimmers@bells				A S	
		E-mail address: (to be use	d for future annua	report notification)		-17
For further info	ormation concerning	ng this matter, please call:			HAY 2	***************************************
John	D. Bailey, Jr.		904 at (	829-9066	m <sub>co</sub>	
	Name	of Contact Person	Area Code	Daytime Telephone	Number	O
Divis Regis P.O. 1	LING ADDRESS ion of Corporation stration Section Box 6327 hassee, FL 32314		·	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301	5 5	
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filio Certified Copy		iling Fee, Certific Certified Copy	cate

# 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:

	oign builted blability company, me	st include "Lim	ited Liabi	lity Company," "L.L.C.," o	r "LLC.")		_
If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpor	se of transacting	business	in Florida. The alternate na	ime must in	clude "L	<u> </u>
2. CT		3.	n/a				
	of which foreign limited liability	J		(FEI number, if applicable	e)		<u> </u>
1	(Date first transacted busin	ess in Florida, il	prior to r	egistration.)	_		
70 Essex Street, Unit 2	(See sections 605,0904 & 603	5.0905, F.S. to d	etermine (	penalty liability)	Zá.	2016	
						YEL 9	П
Mystic, CT 06355		= 1 - 1 - 2 - 2 - 2	· · · · · · · · · · · · · · · · · · ·	····	- 727	۲ 2	-
	(Street Address of	Principal Office	:)		SEX. 	25	
5. P.O. Box 188					<u>_ iric</u> _	U	П
West Mystic, CT 0638	8				- 50 A	₩ ₩	O
<del></del>	(Mailing	Address)					
7. Name and street addres	ss of Florida registered agent: (P	O. Box NOT	`_acceptal	ole)	>	Ç),	
Name:	Kimberly Smith						
Office Address:	4041 Pine Run Circle		<del></del>				
	Saint Augustine			. Florida 32086			
	(City)			(Zip code)	~~		
Registered agent's accep							
Having been named as re lesignated in this applica o complywith the provision accept the obligations of t	gistered 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 co	priered ago complete prieses	ent and agree to act in the performance of my dution	his capacit	ty. I fui	ther agree
Having been named as re lesignated in this applica o complywith the provision accept the obligations of t	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis	proper and co	priered ago complete prieses	ent and agree to act in the performance of my dution	his capacit	ty. I fui	ther agree
Having been named as re lesignated in this applica o complywith the provision accept the obligations of the 8. The name, title or capa	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis	proper and co	priered ago complete prieses	ent and agree to act in the performance of my dution	his capacit	ty. I fui	ther agree
Having been named as reflesignated in this applicate ocomplywith the provision accept the obligations of the same, title or cape Brian Navarro, Manager	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis	proper and co	priered ago complete prieses	ent and agree to act in the performance of my dution	his capacit	ty. I fui	ther agree

Typed or printed name of signee

John D. Bailey, Jr.

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

### GREYLOCK RESIDENTIAL, LLC

a domestic limited liability company, were filed in this office on October 21, 2011.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

in Menk

Date Issued: May 20, 2016

Business ID: 1051853 Express Certificate Number: 2016165373001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov