1117000001590

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2011 FEB 21 PM 2: 33
SECRETARY OF STATE
AHASSEE, FLORIDA

K. SALY FEB 23 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

2017 FEB 21 PM 3:41

February 9, 2017

MICHAEL SCHOEFFLER GRAND COACH LLC 21240 PROTECTA DR. ELKHART, IN 46516

SUBJECT: GRAND COACH LLC Ref. Number: W17000011753

We have received your document for GRAND COACH LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00002665

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.

Karen A Saly Regulatory Specialist II

Letter Number: 117A00002665

COVER LETTER

TO:

Registration Section

Div	ision of Corporation Grand Coach, LLC	ns					
SUBJECT:		Name of	Limited Liability (Company		-	
		reign Limited Liability Com d to register the above refer					
Please return	all correspondence of	concerning this matter to the	e following:				
	Michael Schoe	ffler					
		Ŋ	lame of Person			-	
	Grand Coach L	LC					
	Firm/Company						
	21240 Protecta	Drive					
			Address			-	
	Elkhart, IN 46	516					
	***	City/5	State and Zip Code	•		•	
	mikecompany10	@gmail.com					
	 	E-mail address: (to be use	ed for future annual	report not	tification)	•	
For further in	nformation concernin	g this matter, please call:					
Mi	chael Schoeffler		574 at (849-12	16		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	-	
Div Reg P.O	ision of Corporations eistration Section Box 6327 lahassee, FL 32314	:		Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: \$\Bigsim \frac{1}{2}\\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co		

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

It name unavailable, enter a	Iternate name adopted for the purpose	of transacting business	in Florida. The alternate na	me must include "Limited
.iability Company," "L.L.C,		-	in Fioritia. The attentiate na	me mast metade 15mmed
. Indiana		3. 81-5144634		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	:)
I.				_
	(Date first transacted business (See sections 605.0904 & 605.09	, in Florida, if prior to i 905, F.S. to determine	registration.) penalty liability)	
5. 21240 Protecta Drive				<u> </u>
Elkhart, IN 46516				2017FEB 1AECAU
	(Street Address of Pr	incipal Office)		
5. 21240 Protecta Drive				_ 550 82
Elkhart, IN 46516				- T
	(Mailing Ac	idress)		
7. Name and street address	ss of Florida registered agent: (P.O	. Box NOT accepta	ble)	PM 2: 33
Name:	Michael Schoeffler			En W
	2549 W. Gulf Drive, #105			
Office Address:			22057	
	Sanibel		Florida 33957 (Zip code)	_
	(City)		(Zip code)	
Registered agent's accep <i>Having been named as re</i>	gistered agent and to accept service			uuv companv ai ine mac
Having been named as re designated in this applica o complywith the provisi accept the obligations of t	gistered agent and to accept serviction, I hereby accept the appointmons of all statutes relative to the promy position as registered agent. (Register	nent as registered ag roper and complete of perfit's signature)	performance of my dutie	is capacity. I further ag
Having been named as re lesignated in this applica o complywith the provisi accept the obligations of a	tion, I hereby accept the appointmons of all statutes relative to the pumy position as registered agent. (Register actity and address of the person(s) w	nent as registered ag roper and complete of perfit's signature)	performance of my dutie	is capacity. I further ag
Having been named as relesignated in this applicate ocomplywith the provising accept the obligations of the same, title or capa Michael Schoeffler (A	tion, I hereby accept the appointmons of all statutes relative to the pomy position as registered agent. (Register acity and address of the person(s) when the person is the person in the person is the person in	nent as registered ag roper and complete of perfit's signature)	performance of my dutie	is capacity. I further ag
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Having been named as relesignated in this applicate ocomplywith the provising accept the obligations of the same, title or capa Michael Schoeffler (A	tion, I hereby accept the appointmons of all statutes relative to the pomy position as registered agent. (Register acity and address of the person(s) when the person is the person in the person is the person in	nent as registered ag roper and complete of perfit's signature)	performance of my dutie	is capacity. I further ag

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Schoeffler

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

2017 FEB 21 PM 2:33
TALLAHASSEE, FLORID.

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GRAND COACH LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 11, 2017, and was in existence or authorized to transact business in the State of Indiana on February 18, 2017.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 18, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201701111175064 / 2017228775

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate