Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000147741 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Phone

Account Number: I20160000017 : (800)345-4647

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company GROSVENOR SQUARE INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
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Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE Division of Corporations

. CAPITOL SERVICES, INC.

SUBJECT: GROSVENOR SQUARE INVESTMENTS, LLC

REF: W17000046654

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We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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).

Flease 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.

Yasemin Y Sulker Regulatory Specialist II FAX Aud. #: E17000147741 Letter Number: 217A00011104

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COVER LETTER

TO: Registration Section: Division of Corporations		
SUBJECT: Grosvenor Square Investme	ents, LLC	
	Name of Limited Liability Company	- .
	Liability Company for Authorization to Transact Business in Florida the above referenced foreign limited liability company to transact bus	
Please seturn all correspondence concerning th	is matter to the following:	
	Name of Person	•
	verifie of Colonia	
Capitol Services - Corpo	orate Filings Team Pirm/Company	-
206 E. 9th St., Ste. 130	0	
	Address	_
Austin TX 78701		_
	City/State and Zip Code	IMPORTANT:
jcbretas@culebrabay.co	m ress: (to be used for future amusi report notification)	The email address entered
For further information concerning this matter,	The state of the s	here will be utilized for future armust report
Kim Tadlock	at (800) 345-4647	notifications and possibly other
Name of Contact Per	Area Code Daytime Telephone Number	NOTIFICATIONS from the STATE
MAILING ADDRESS:	STREET ADDRESS:	- Carlo de Maria
Division of Corporations Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallabassee, FL 32301	
Enclosed is a check for the following amount:	Piling For & S155.00 Kiling Fee & S160.00 Filing Fee, (C ertificate
Certificate		

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

IN COMPLIANCE WITH SECTION BISIDED, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1 Grosvenor Square Investments, LLC (Name of Poreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.") (If name unavailable, enter abstract name adopted for the purpose of transacting business in Florida. The abstract manus usest include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Fill cumber, if applicable) (Includence makes the law of which friends limited lightly company is organized) Upon issuance 5, 1675 South State Street, Ste. B 2885 Sanford Ave. SW#29916 (Sizzet Address of Principal Office) (Mailing Address) Grandville, Michigan 49418 Dover, Delaware 19901 United States of America 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 155 Office Plaza Dr Ste A Office Address: Tallahassee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability comp designated in this application. I hereby accept the appaintment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulles, and Laid fai and accept the obligations of my position as registered agent. Kim Tadlock, Asst. Secretary of Capitol Corpora (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Manager Culebra Bay Investments, LLC 2885 Sanford Ava. SW#29916 Grandville, MI 49418 (Use attachments if necessary) -9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted):

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

Culebra Bay Investments, LLC by Jose Carlos Bretas

10. This document is executed in accordance with section 605.0203 (1) (6), Florida Statutes. I am aware that any false information

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GROSVENOR SQUARE INVESTMENTS, 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 FIRST DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROSVENOR SQUARE INVESTMENTS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6429889 8300 SR# 20174457704

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

XII Sec

Authentication: 202630497

Date: 06-01-17