M17000005017

(Re	equestor's Name)	
(Ac	ddress)	_
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	130
8		

Office Use Only



200300113222

06/09/17--01011--009 **160.00

PICH PMI2: 01

S. WARREN JUN 1 5 2017



June 12, 2017

TEHMAS BAIG 499 DOUGLAS ROAD E OLDSMAR, FL 34677

SUBJECT: GRAVITY ROUTE LLC Ref. Number: W17000049130

We have received your document for GRAVITY ROUTE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 317A00011822

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Gravity Route LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

Tehmas Baig

Name of Person

Fab Glass and Mirror LLC

Firm/Company

499 Douglas Rd E

Address

Oldsmar, Florida 34677

City/State and Zip Code

fabglassandmirror@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tehmas Baig

_{..}571

606-9144

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

	name adopted for the purpose of transacting busine	ess in Florida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC")
2. Ohio (Turisdiction under the law of	which foreign limited liability company is organized	3(FEI	number, if applicable)
4			
··	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. to	f prior to registration) o determine penalty liability)	
_{5.} 499 Douglas Rd	<u>E</u>	_{6.} 499 Douglas Rd E	
Oldsmar Florida	, 34677	Oldsmar, Florida,	34677
7. Name and street addre	ess of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	Tehmas Baig		
Office Address:	499 Douglas Rd E		TAKY OF
	Oldanaan	3/67	
Having been named as i designated in this applic to comply with the provi	egistered agent and to accept servi- ation, I hereby accept the appointn	ice of process for the above stated lim nent as registered agent and agree to proper and complete performance of	nited liability seompany at the place act in this capacity. I further agr
Having been named as a designated in this applicate to comply with the proviound accept the obligation. 8. The name, title or ca	ptance: registered agent and to accept serviation, I hereby accept the appointn sions of all statutes relative to the part of my position as registered agent (Registered accity and address of the person(s) v	ice of process for the above stated liminent as registered agent and agree to proper and complete performance of agent's signature) who has/have authority to manage is/a	nited liability Empany at the place act in this capacity. I further agr my duties, and I am familiar with
Having been named as a designated in this applicate to comply with the proviound accept the obligation	plance: registered agent and to accept servi- ation, I hereby accept the appointn sions of all statutes relative to the p ns of my position as registered agen (Registered	(Zince of process for the above stated liminent as registered agent and agree to proper and complete performance of the liming o	nited liability 20 mpany at the place act in this capacity. I further agr my duties, and I am familiar with use the control of
Having been named as a designated in this applic to comply with the provi and accept the obligation. 8. The name, title or can Title or Capacity:	ptance: registered agent and to accept servication, I hereby accept the appointnisions of all statutes relative to the pins of my position as registered agentication agentication as registered agentication as r	ice of process for the above stated liminent as registered agent and agree to proper and complete performance of agent's signature) who has/have authority to manage is/ai Title or Capacity: Vice President	nited liability with place act in this capacity. I further agr my duties, and I am familiar with
designated in this applic to comply with the provi and accept the obligation 8. The name, title or can Title or Capacity:	ptance: registered agent and to accept serviation, I hereby accept the appointnisions of all statutes relative to the part of my position as registered agent (Registered pacity and address of the person(s) was and Address: Ahmed Mady	ice of process for the above stated liminent as registered agent and agree to proper and complete performance of the lagent's signature) who has/have authority to manage is/at Title or Capacity: Vice President	nited liability with place act in this capacity. I further agring my duties, and I am familiar with a recommendation of the second seco
Having been named as a designated in this applicate to comply with the provious and accept the obligation. 8. The name, title or can Title or Capacity: President Vice President	ptance: registered agent and to accept servication, I hereby accept the appointment of all statutes relative to the pens of my position as registered agent of my position as registered agent (Registered pacity and address of the person(s) where we will be a made of the person of th	ice of process for the above stated liminent as registered agent and agree to proper and complete performance of the lagent's signature) who has/have authority to manage is/at Title or Capacity: Vice President	nited liability with place act in this capacity. I further agring my duties, and I am familiar with a recommendation of the second seco
Having been named as a designated in this applicate to comply with the proviand accept the obligation. 8. The name, title or can a Title or Capacity: President Vice President (Use attachments if necessity).	ptance: registered agent and to accept servication, I hereby accept the appointmisions of all statutes relative to the pins of my position as registered agent and address of the person(s) violated and address: Ahmed Mady 4188 Fisher RD, Columbus OH, 432 Adnan Wali 4188 Fisher RD, Columbus OH, 432 Assary) e of existence, no more than 90 days of which it is organized. (If the cere	ice of process for the above stated liminent as registered agent and agree to proper and complete performance of the lagent's signature) who has/have authority to manage is/at Title or Capacity: Vice President	nited liability 20 mpany at the place act in this capacity. I further agring duties, and I am familiar with re: Name and Address: Tehmas Baig 499 Douglas Rd. Oldsmar Florida 34677

Typed or printed name of signer

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GRAVITY ROUTE LLC, an Ohio For Profit Limited Liability Company, Registration Number 2449250, was organized within the State of Ohio on November 25, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of June, A.D. 2017.

Ohio Secretary of State

Jon Hastel

Validation Number: 201716303696