M17000007517

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Cartificate of the ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
	Reginald (Reggie) Grant Name of Person
	RGrat Company LLC dba Alliance Refurb LLC
	10033 Sawgrase Dr. Wist; POBox 534
	Porte Vodra Beach, FL 32004 City/State and Zip Code
	reggie @ alliance refu-b.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Reggie Grant at (828) 277-7272 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clitton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount: A \$125.00 Filing Fee
	5 to already gold balance = #55

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 LABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Limited Liability Company," "L.L.C.," or "LLC.") enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC." or "LLC." insacted husiness in Florida, if prior to registration (
s 605,0904 & 605,0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment 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 duties, and I am familiar with and accept the obligations of my position as registered agent. 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: Title or Capacity: Name and Address: (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) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

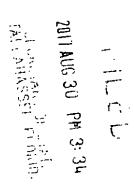
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

R GRANT COMPANY L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of July, 2017, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of August, 2017.

Elaine J. Marshall

Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2017

REGINALD GRANT R GRANT COMPANY LLC / ALLIANCE REFURB 296 VANDERBILT RD. ASHEVILLE, NC 28803

SUBJECT: R GRANT COMPANY LLC

Ref. Number: W17000066189

We have received your document for R GRANT COMPANY LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L16000098043 "RGRANT, LLC".

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 317A00016491