(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Prw18-16317				

Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 19, 2018

JOSEPH MCKECHNIE, JR 214 WEST 39TH ST, STE 1200 NEW YORK, NY 10018

SUBJECT: GRANITE DAVENPORT LLC

Ref. Number: W18000016317

We have received your document for GRANITE DAVENPORT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 418A00003451

RECEIVED

MAR 0 7 2018

To whom it may conceen.

Please note we made the corrections
as directed per the letter.

We going to use a affillmate company.

Granite FL. LLC.

www.sunbiz.org

COVER LETTER

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TO: Registration Section

Division of Corporation	18				
GRANITE DAVEN	PORT LLC				
SUBJECT:	Name of Li	mited Liability Co	отрапу		
			ion to Transact Business in Florida." Certificate of d liability company to transact business in Florida		
Please return all correspondence c	oncerning this matter to the fo	ollowing:			
	Joseph I	R. McKechnie, Jr.			
	Nar	ne of Person			
Granite Davenport LLC					
Firm/Company					
214 West 39th Street. #1200					
Address					
	New York, NY 10018				
City/State and Zip Code					
		@g-holdings.com			
	E-mail address: (to be used	for future annual	report notification)		
For further information concerning	g this matter, please call:		1		
Elizabeth Bonilla		212 at (921-7171		
Name o	f 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 follow \$\frac{1}{2}\$ \$125.00 Filing Fee	ring amount: \$\Pi\$ \text{S130.00 Filing Fee & Certificate of Status}\$	S155.00 Filin Certified Copy	g Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy		
		R			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMIT**É**D LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA. | GRANITE DAVENPORT LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, 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,") 5 DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability.) Granite Davenport LLC Granite Davenport LLC (Street Address of Principal Office) (Mailing Address) 214 West 39th Street, #1200 214 West 39th Street, #1200 New York, NY 10018 New York, NY 10018 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Granite FL LLC Name: 12550 Biscayne Blvd, Suite 602 Office Address: North Miami . Florida 33181 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 proving 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address Title or Capacity: Name and Address: Title or Capacity: Vice President Ronnie Gross 214 West 39th Street #1200 New York, NY 10018 (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-Joseph R. McKechnie, Jr.

Typed or printed name of signee

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GRANITE DAVENPORT 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 NINTH DAY OF FEBRUARY, A.D. 2018.

6746115 8300

Authentication: 202128087

Date: 02-09-18