M18000009403

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





000318455300

09/20/18--01007--037 **130.00

10/19/18--01004--001 **638.75

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SECRETARY OF STAIL

COVER LETTER

TO:

TO:		istration Section sion of Corporation	ns				
SUBJE		Grayceland REI C	onsulting, LLC				
SC DJ L		. •	Name of	Limited Liability (Сотралу	· · · · · · · · · · · · · · · · · · ·	
						unsact Business in Florida," Certifi y company to transact business in I	
Please r	eturn	all correspondence o	concerning this matter to the	e following:			
		William E Gor	don III				
		 	1	Name of Person			
		Grayceland R	El Consulting, LLC				
				irm/Company		100	
		P.O. Box 416					
				Address		-	
		Coal Valley, IL	61240				
			City/	State and Zip Code			
		graycelandrei@	aol.com				
			E-mail address: (to be use	ed for future annual	report not	ification)	
For furt	her in	formation concerning	g this matter, please call:				
	Bill	Gordon		309 at (23523	64	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section uilding secutive Center Circle sec, FL 32301	
Enclose		check for the follow 125.00 Filing Fee	ing amount: AT\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	e



September 21, 2018

WILLIAM E GORDON III PO BOX 416 COAL VALLEY, IL 61240

SUBJECT: GRAYCELAND REI CONSULTING, LLC

Ref. Number: W18000084796

We have received your document for GRAYCELAND REI CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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) 245-6052.

Letter Number: 418A00019754

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations	
SHRIF	Grayceland REI Consulting, LLC	
30001		ited Liability Company
		for Authorization to Transact Business in Florida," Certificate of deforeign limited liability company to transact business in Florida
Please r	return all correspondence concerning this matter to the following	owing:
	William E Gordon III	
	Name	of Person
	Grayceland REI Consulting, LLC	
	Firm/	Company
	1411 West 5th Street	
	^	ddress
	Coal Valley, 11. 61240	
	City/State	and Zip Code
	graycelandrei@aol.com	
	E-mail address: (to be used fo	r future annual report notification)
For furt	ther information concerning this matter, please call:	
	Bill Gordon	309 2352364 L()
	Name of Contact Person	Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	=	I \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

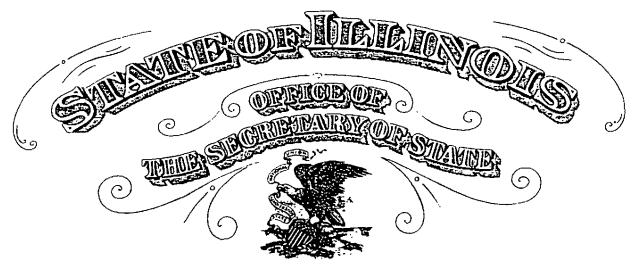
IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	arne adopted for the purpose of transacting business in	n Florida, The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
Illinois		3. 46-2348858	
	nich foreign lamited liability company is organized)	(FEI	number, if applicable)
7/2017			
·	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	or to registration.) termine penalty liability)	
1411 West 5th street		6. P.O. Box 416	
(Street Address of P	rincipal Office)	(Manuf	(Address)
Coal Valley, IL 61240	·	Coal Valley, IL 61240	ZOB OCT
			THE STATE OF THE S
Name and street addres	s of Florida registered agent: (P.O. E	Box <u>NOT</u> acceptable)	SS TO
Name:	Eugene Campbell		F. A. F.
Office Address:	3670-Plantation Dr.		AM 9: 10 SEEL FLORING
	Ormond Beach, FL		6 6
signated in this applicate comply with the provision	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the project of my position as registered agent.	of process for the above stated lim at as registered agent and agree to per and complete performance of	act in this capacity. I further agree
aving been named as re- esignated in this applical comply with the provisi- and accept the obligations	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the professor my position as registered agent. Cugull (Registered age	of process for the above stated limit as registered agent and agree to per and complete performance of this signature)	ited liability company at the place act in this capacity. I further agre my duties, and I am familiar with
aving been named as re- esignated in this applical comply with the provisi- and accept the obligations	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the project of my position as registered agent.	of process for the above stated limit as registered agent and agree to per and complete performance of this signature)	ited liability company at the place act in this capacity. I further agre my duties, and I am familiar with
aving been named as resignated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of the appointment ons of all statutes relative to the professor my position as registered agent. (Registered agent of the person (s) who is the person	of process for the above stated limit as registered agent and agree to per and complete performance of the signature) has/have authority to manage is/a Title or Capacity:	nited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with action. Te: Name and Address:
aving been named as resignated in this applical comply with the provisind accept the obligations The name, title or capa	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the profess of my position as registered agent. (Registered agent (Registered agent)	of process for the above stated limit as registered agent and agree to per and complete performance of this signature) has have authority to manage is a Title or Capacity:	nited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with re: Name and Address: Kim Gordon 1411 W 5th St
aving been named as resignated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the profess of my position as registered agent. (Registered agent (Registered agent)	of process for the above stated limit as registered agent and agree to per and complete performance of this signature) has have authority to manage is a Title or Capacity:	nited liability company at the place act in this capacity. I further agrowny duties, and I am familiar with the second se
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aving been named as resignated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the profess of my position as registered agent. (Registered agent and address of the person(s) who Name and Address: William Gordon 1411 W 5th St Coal Valley, IL. (2) 242	of process for the above stated limit as registered agent and agree to per and complete performance of this signature) has have authority to manage is a Title or Capacity:	nited liability company at the place act in this capacity. I further agr my duties, and I am familiar with re: Name and Address: Kim Gordon 1411 W 5th St
aving been named as resignated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity: Man 3502 Jise attachments if necess Attached is a certificate risdiction under the law of the translator must be sufficient.	tance: gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property of existence, no more than 90 days of which it is organized. (If the certification, I hereby accept the appointment of my position as registered agent. (Registered agent. (Regis	of process for the above stated limit as registered agent and agree to per and complete performance of the state signature) the signature the has/have authority to manage is/a Title or Capacity:	nited liability company at the place act in this capacity. I further agrimy duties, and I am familiar with re: Name and Address: Kim Gordon J411 W 5th St Coal Valley 11. (24 c

Typed or printed name of signee

File Number

0420590-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GRAYCELAND REI CONSULTING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 25, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of SEPTEMBER A.D. 2018.

Authentication #: 1825300534 verifiable until 09/10/2019
Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE