M1800009494

(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:
W1800091017

Office Use Only



600319203116

10/16/18--01044--029 **125.00

RECENTED 007 15 103

18 OCT 15 PM 4:51

SECRETARY OF STATE DIVISION OF CORPORATION

13/11/18

COVER LETTER

TO: Registration Section

Divis	sion of Corporation	18						
CUDICT.	GRPF, L.L.C.							
SUBJECT: _	<u></u>	Name of I	Limited Liability C	Company	1007			
The enclosed Existence, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida.		
Please return a	all correspondence o	concerning this matter to the	following:					
	Bonnie L. Woo	od						
	· · ·	Na	une of Person					
	General Service	es Corporation						
	Firm/Company							
	2922 Hathaway Road, P.O. Box 8984							
		- ,	Address	· <u>-</u>				
	Richmond, VA	23225						
		City/St	ate and Zip Code					
	jbelote@gscapts.							
		E-mail address: (to be used	for future annual	report not	ification)			
For further inf	ormation concernin	g this matter, please call:						
Jenn	y Belote		804 at ()	ol, Ext. 273			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Divis Regis P.O.	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.			

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate a	name adopted for the purpose of transacting business in Flo.	rida. Tho alto	mate name must include "Limited	Liability Corepany," "L.L.C," or "LLC.")
Commonwealth of Virg		3.	(05)	unber, if applicable)
	chich foreign limited liability company is organized)		(LET DI	amper, it applicatous)
N/A	(A)			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	ine penalty li	•	
2922 Hathaway Road	D. J. J. Off. A.	6	P.O. Box 8984 (Mailing A	Admire)
Richmond, VA 23225	Principal Office)	J	Richmond, VA 23225	
		-		
		_		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	18 OCT
Name:	CT Corporation			
	1200 South Pine Island Road		·· ·	S
Office Address:				PH
	Plantation		, Florida <u>33324</u>	<u></u>
ving been named as re lignated in this applica comply with the provisi	ctance: egistered agent and to accept service of periton, I hereby accept the appointment as lons of all statutes relative to the proper s of my position as registered agent,	s-register	ed agent and agree to a	ed liability company at the p ct in this capacity. I further y duties, and I am familiar s Kim Wasilowski
iving been named as re signated in this applica comply with the provis	stance: egistered agent and to accept service of p tion, I hereby accept the appointment as lons of all statutes relative to the proper	register and com	or the above stated limited agent and agree to a	ed liability company at the p ct in this capacity. I further y duties, and I am familiar.
iving been named as resignated in this application of the provised accept the obligation. The name, title or capa	estance: segistered agent and to accept service of partion, I hereby accept the appointment as lons of all statutes relative to the proper s of my position as registered agent, (Registered agent's a secity and address of the person(s) who has	and com	or the above stated limited agent and agree to a plete performance of m	ed liability company at the p ct in this capacity. I further y duties, and I am familiar, Kim Wasilewski Assistant Secretary
iving been named as re signated in this applica comply with the provisi d accept the obligation	stance: egistered agent and to accept service of petion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent, (Registered agent's a	and com signature) s/have at Titl	or the above stated limited agent and agree to a plete performance of m	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y Kim Wasilewski Assistant Secretary
wing been named as resignated in this application of the provised accept the obligation. The name, title or caps	estance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent, (Registered agent's active and address of the person(s) who have and Address: Jonathan Perel	and com	or the above stated limited agent and agree to a plete performance of m	ed liability company at the pet in this capacity. I further y duties, and I am familiar, which was been said to the company at the pet in this capacity. Kim Was ilowski Assistant Secretary Name and Address: Bonnic L. Wood
wing been named as resignated in this application of the provision accept the obligation. The name, title or capa Title or Capacity:	stance: segistered agent and to accept service of pation, I hereby accept the appointment as lons of all statutes relative to the proper s of my position as registered agent, (Registered agent's a maintained address of the person(s) who have and Address:	and com signature) s/have at Titl	or the above stated limited agent and agree to a plete performance of m	ed liability company at the pet in this capacity. I further y duties, and I am familiar, which was been solved assistant Secretary Name and Address:
ving been named as realignated in this application of the provision accept the obligation. The name, title or capa Title or Capacity:	estance: legistered agent and to accept service of partion, I hereby accept the appointment as itons of all statutes relative to the proper s of my position as registered agent, (Registered agent's a acity and address of the person(s) who han a Name and Address: Jonathan Perel 2922 Hathaway Road	and com signature) s/have at Titl	or the above stated limited agent and agree to a plete performance of m	ed liability company at the pet in this capacity. I furtherly duties, and I am familiarly Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road
wing been named as resignated in this application of the provision accept the obligation. The name, title or capa Title or Capacity:	estance: legistered agent and to accept service of partion, I hereby accept the appointment as itons of all statutes relative to the proper s of my position as registered agent, (Registered agent's a acity and address of the person(s) who han a Name and Address: Jonathan Perel 2922 Hathaway Road	and com signature) s/have at Titl	or the above stated limited agent and agree to a plete performance of m	ed liability company at the pet in this capacity. I furtherly duties, and I am familiarly Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road
wing been named as resignated in this application of the provision accept the obligation. The name, title or capa Title or Capacity:	estance: legistered agent and to accept service of partion, I hereby accept the appointment as itons of all statutes relative to the proper s of my position as registered agent, (Registered agent's a acity and address of the person(s) who han a Name and Address: Jonathan Perel 2922 Hathaway Road	and com signature) s/have at Titl	or the above stated limited agent and agree to a plete performance of m	ed liability company at the pet in this capacity. I furtherly duties, and I am familiarly Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road
iving been named as resignated in this applicationally with the provised accept the obligation. The name, title or capatitle or Capacity: Pres.	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent, (Registered agent) acity and address of the person(s) who have and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225	and com signature) s/have at Titl	or the above stated limited agent and agree to a plete performance of m	ed liability company at the pet in this capacity. I furtherly duties, and I am familiarly Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road
wing been named as resignated in this application that application the provised accept the obligation. The name, title or capatities or Capacity: Pres.	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's accept and address of the person(s) who has a Name and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225	s'register and com aignature) s/have at VP	or the above stated limited agent and agree to a plete performance of multiplete performance of	ed liability company at the pet in this capacity. I further y duties, and I am familiar. Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road Richmond, VA 23225
wing been named as resignated in this applicated in this applicated in this applicate comply with the provision accept the obligation. The name, title or capatity: Pres. See attachments if neces Attached is a certificate	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent, (Registered agent) acity and address of the person(s) who have and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225	s'register and com signature) s/have at VP	or the above stated limits and agree to a splete performance of my athority to manage is/are:	ed liability company at the pet in this capacity. I further y duties, and I am familiar y Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road Richmond, VA 23225
signated in this applicate comply with the provise daccept the obligation. The name, title or capatitle or Capacity: Pres. See attachments if neces Attached is a certificate	stance: legistered agent and to accept service of pation, I hereby accept the appointment as tons of all statutes relative to the proper is of my position as registered agent, (Registered agent, accity and address of the person(s) who have and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225 sary) of existence, no more than 90 days old, cof which it is organized. (If the certificate	s'register and com signature) s/have at VP	or the above stated limits and agree to a splete performance of my athority to manage is/are:	ed liability company at the pet in this capacity. I further y duties, and I am familiar y Kim Wasilewski Assistant Secretary Name and Address: Bonnic L. Wood 2922 Hathaway Road Richmond, VA 23225
The name, title or caparity: Pres. Se attachments if neces Attached is a certificate is diction under the law the translator must be so	stance: legistered agent and to accept service of pation, I hereby accept the appointment as tons of all statutes relative to the proper is of my position as registered agent, (Registered agent, accept and address of the person(s) who has a Name and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203	sregister and com signature) s/have at Titl VP duly auth e is in a f	enticated by the official foreign language, a transle	ed liability company at the pet in this capacity. I further y duties, and I am familiar, where we will be a selected with the selected wit
wing been named as resignated in this applicationally with the provised accept the obligation. The name, title or capatite or Capacity: Pres. Secattachments if neces Attached is a certificate is diction under the law the translator must be so	stance: legistered agent and to accept service of pation, I hereby accept the appointment as tons of all statutes relative to the proper is of my position as registered agent, (Registered agent, accity and address of the person(s) who have and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225 sary) of existence, no more than 90 days old, cof which it is organized. (If the certificate	sregister and com signature) s/have at Titl VP duly auth e is in a f	enticated by the official foreign language, a transle	ed liability company at the pet in this capacity. I further y duties, and I am familiar, where we will be a selected with the selected wit
iving been named as resignated in this applicate comply with the provised accept the obligation. The name, title or capatite: Pres. See attachments if neces Attached is a certificate is diction under the law the translator must be so. This document is exec	stance: legistered agent and to accept service of pation, I hereby accept the appointment as tons of all statutes relative to the proper is of my position as registered agent, (Registered agent, and address of the person(s) who has a nearly and address of the person(s) who has a nearly and Address: Jonathan Perel 2922 Hathaway Road Richmond, VA 23225 sary) of existence, no more than 90 days old, confirmed in accordance with section 605.0203 of the Department of State constitutes a thin the person of the person	sregister and com signature) s/have at Titl VP duly auth e is in a f	enticated by the official loreign language, a transle	ed liability company at the pet in this capacity. I further y duties, and I am familiar, where we will be a selected with the selected wit

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That GRPF, L.L.C. is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 12, 2018; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

STATE CONTROL ST

Signed and Sealed at Richmond on this Date: October 12, 2018

Joel H. Peck, Clerk of the Commission

SECOM cument Control Number: 1810125536