## 118000009713

(Requestor's Name)	_
· · · · · · · · · · · · · · · · · · ·	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(2.1. 2.3.2	
(Document Number)	_
Sertified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500320154845

18 OCT 26 PH 7: 20

AVECULAR OF STATE

K SALY OCT 2 9 ZO18



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/25/2018	
Name:		<b>_</b>
Reference #:_	1006858	<del>_</del>
Entity Name:	GRACE NATIO	NAL HOLDINGS, LLC
✓ Articles	s of Incorporation/Authorization	ı to Transact Business
☐ Amend	lment	
☐ Chang	e of Agent	
☐ Reinsta	atement	
Conve	rsion	
☐ Merger		
☐ Dissolu	ution/Withdrawal	
☐ Fictition	us Name	
Other_	CERTIFI	ED COPY UPON FILING
Authorized Ar Signature:	noupt. / \$155.00	

## COVER LETTER

Registration Section
Division of Corporations

Grace National Holdings LLC

SUBJECT:	Name of I	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed "Application by Fo Existence, and check are submitted."	reign Limited Liability Comp ed to register the above refere	pany for Authorization to Transceed foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all correspondence	concerning this matter to the	following:	
Cathy Crittend	len		
	N	ame of Person	
Balch & Bingi	nam LLP		
	Fí	пв/Сотрапу	. ,
PO Box 306			
		Address	· · · · · · · · · · · · · · · · · · ·
Birmingham, A	AL 35203		
	City/Si	tate and Zip Code	
tony.isbell@ico	npropertyholdings.com		
	E-mail address: (to be used	for future annual report not	ification)
For further information concerning	ng this matter, please call:		
Cathy Crittenden		205 488-55 at ()	50
Name	of Contact Person	Area Code Day	time Telephone Number
MAULING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ving amount; ☐ \$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:

Delaware	one adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limite	
	ich foreign limited liability company is organized)	3. <u>93-22</u>	15268
	, , , , , , , , , , , , , , , , , , , ,	(1 L1	manner, it appreading
	8.3.		<u></u>
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)	
495 Brickell Ave, Suite		6. 495 Brickell Ave, Suite	e 3404
(Street Address of P Miami, FL 33131	incipal Office)	(Mailing	(Address)
tvitatii, 1 L 33131		Miami, FL 33131	
<del></del>	<del></del>		2
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	一 一
Name:	Tony A. Isbell		<del>ب</del> بنت الم
	495 Brickell Ave, Suite 3404	<del></del>	<u> </u>
Office Address:	493 Interest Ave, Suite 3404		
	Miami	, Florida <sup>33131</sup>	
iving been named as reg signated in this applicat comply with the provisi	(City)	process for the above stated lim s registered agent and agree to	act in this capacity. I further a
aving been named as req signated in this applicat comply with the provisi	ance: existered agent and to accept service of pains, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.	orocess for the above stated lim is registered agent and agree to and complete performance of the	ited liability company at the ple act in this capacity. I further a
signated in this applicate comply with the provision of accept the obligations	ance: eistered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.  (Registered agent's a	process for the above stated lims registered agent and agree to and complete performance of the signature).	ited liability company at the ple act in this capacity. I further a my duties, and I am familiar w
iving been named as reg signated in this applicat comply with the provision d accept the obligations The name, title or capa	ance: existered agent and to accept service of pains, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.  (Registered agent's series and address of the person(s) who ha	process for the above stated limes registered agent and agree to and complete performance of the signature).	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar w
rving been named as reg signated in this applicat comply with the provision d accept the obligations The name, title or capa Title or Capacity:	ance: eistered agent and to accept service of pains, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.  (Registered agent's a city and address of the person(s) who has Name and Address:	process for the above stated lims registered agent and agree to and complete performance of the signature).	ited liability company at the ple act in this capacity. I further a my duties, and I am familiar w
tving been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa	ance:  gistered agent and to accept service of pion, I hereby accept the appointment acons of all statutes relative to the proper of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:  Tony A. Isbeil	process for the above stated limes registered agent and agree to and complete performance of the signature).	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi e:  Name and Address:  Jenny Atchey
tying been named as registering been named as registering this applicate comply with the provision accept the obligations.  The name, title or capa  Title or Capacity:	city and address of the person(s) who ha  Name and Address:  Tony A. Isbeil  (City)  (City)  (City)  (City)  (City)  (City)  (Repistered of proper of proper of my position as registered agent.  (Repistered agent's second of the person(s) who has a new proper of the person(s) who has a new proper of the person(s) who has new proper of the person (s) who has never proper proper of the person (s) who has never proper of the person (s)	process for the above stated limes registered agent and agree to and complete performance of the signature) signature.  In the or Capacity:	ited liability company at the place act in this capacity. I further a my duties, and I am familiar with the second
rving been named as reg signated in this applicat comply with the provision d accept the obligations The name, title or capa Title or Capacity:	ance:  gistered agent and to accept service of pion, I hereby accept the appointment acons of all statutes relative to the proper of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:  Tony A. Isbeil	process for the above stated limes registered agent and agree to and complete performance of the signature) signature.  In the or Capacity:	ited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi e:  Name and Address:  Jenny Atchey
tving been named as resignated in this applicate comply with the provision accept the obligations.  The name, title or capa Title or Capacity:	city and address of the person(s) who ha  Name and Address:  Tony A. Isbeil  (City)  (City)  (City)  (City)  (City)  (City)  (Repistered of proper of proper of my position as registered agent.  (Repistered agent's second of the person(s) who has a new proper of the person(s) who has a new proper of the person(s) who has new proper of the person (s) who has never proper proper of the person (s) who has never proper of the person (s)	process for the above stated limes registered agent and agree to and complete performance of the signature) signature.  In the or Capacity:	ited liability company at the place act in this capacity. I further a my duties, and I am familiar with the second
rving been named as resignated in this applicate comply with the provision of accept the obligations.  The name, title or capa.  Title or Capacity:  CEO	city and address of the person(s) who ha  Name and Address:  Tony A. Isbell  495 Brickell Ave, Suite 3404  Daniel Mark McKeller  495 Brickell Ave, Suite 3404  Daniel Mark McKeller	process for the above stated limes registered agent and agree to and complete performance of the signature) signature.  In the or Capacity:	ited liability company at the place act in this capacity. I further a my duties, and I am familiar with the second
rving been named as resignated in this applicate comply with the provision of accept the obligations.  The name, title or capa.  Title or Capacity:  CEO	city and address of the person(s) who ha  Name and Address:  Tony A. Isbell  495 Brickell Ave, Suite 3404  Miami, FL 33131  Daniel Mark McKeller	process for the above stated limes registered agent and agree to and complete performance of the signature) signature.  In the or Capacity:	ited liability company at the place act in this capacity. I further a my duties, and I am familiar with the second

Typed or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GRACE NATIONAL HOLDINGS 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRACE NATIONAL HOLDINGS LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

18 OCT 26 PH 7: 20

Authentication: 203652155

Date: 10-22-18