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(Req	uestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2019

GREYWIND ADVISORS LLC BENJAMIN ENGSTROM 101 E CAMINO REAL #917 BOCA RATON, FL 33432 US

SUBJECT: GREYWIND ADVISORS, LLC

Ref. Number: W1900005009

We have received your document for GREYWIND ADVISORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Sterling R Abney Regulatory Specialist II

Letter Number: 119A00001077

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	GREYWIND ADVISORS LLC
SCBSECT.	Name of Limited Liability Company
	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of d check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the following:
	BENJAMIN ENGSTROM
	Name of Person
	GREYWIND ADVISORS LLC
	Firm/Company
	101 E CAMINO REAL #917
	Address
	BOCA RATON, FL 33432
	City/State and Zip Code
	BEN@GREYWINDADVISORS.COM
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
BEI	NJAMIN ENGSTROM 847 975-9777at ()
	Name of Contact Person Area Code Daytime Telephone Number
Divi Reg P.O.	ILING ADDRESS:STREET ADDRESS:sion of CorporationsDivision of Corporationsistration SectionRegistration SectionBox 6327Clifton Buildingahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
	check for the following amount: \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & }\sum \text{\$155.00 Filing Fee & }\sum \text{\$160.00 Filing Fee, Certificate of Status}\$ Certificate of Status \$\sum \text{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:

iame unavailable, enter alternate i DELAWARE	name adopted for the purpose of transacting business in	Florida The altern	nate name must include "Limited Liability (Company," "L.L.C," or "L	"LC."i
	hich foreign lumited liability company is organized)	3	(FEI number, if		_
(See Section and The 124 Of R	men toreign maneed implicity company is organized)		eret number, it	applicable)	
01/31/2019					
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to dete	r to registration) ermine penalty liab	ollity)	_	
101 E CAMINO REA			01 E CAMINO REAL #917		
(Street Address of	Principal Office)	6	(Mailing Address)		_
BOCA RATON, FL 33	3432	В	OCA RATON, FL 33432		
-		_	· · · · · · · · · · · · · · · · · · ·	2019	_
Name and street addres	ss of Florida registered agent: (P.O. B	ox NOT acc	entable))FEB	6
	2 strionau registriva agent. (1.0. D	on <u>mor</u> ace	cpinoicy	3 N	theta:
Name:	BENJAMIN ENGSTROM		_	700 P R	
	101 E CAMINO REAL #917			5: 33 E. F.L.	V ::=
Office Address:				'	
Office Address:	BOCA RATON		33432		
Office Address:	BOCA RATON (City)		33432 Florida(Zip rode)	_	
	(City)		Florida	_	
istered agent's accep	(City)	f process for	. Florida(Zip code)		he pla

8. The name, title or capacity and ad Title or Capacity:	dress of the person(s) who has/have authority to manage is/are: Name and Address:	
MANAGING MEMBER	BENAMIN ENGSTROM	
	101 E CAMINO REAL #917	-
	BOCA RATON, FL 33432	_
		-
		-
		-
		_
		-
		-
		-
		-
		-
		-
(Use attachments if necessary)		
9. Attached is a certificate of existence	e, no more than 90 days old, duly authenticated by the official having custody o	of records in th
urisdiction under the law of which it in the translator must be submitted)	is organized. (If the certificate is in a foreign language, a translation of the certi-	ficate under or
0. This document is executed in accombinated in a document to the Depart	ordance with section 605.0203.(1).(b), Florida Statutes. I am aware that any false timent of State constitutes a third degree felony as provided for in s.817.155. F.S.	iniemation.
<u> </u>	Signature of an authonzed person	2 P
BENJAMI	IN ENGSTROM	PM 5: 33
	Typed or printed name of signer	ယ်

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 "GREYWIND ADVISORS, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREYWIND ADVISORS, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2013.

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



Authentication: 204106739

Date: 12-14-18

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