

M19000002887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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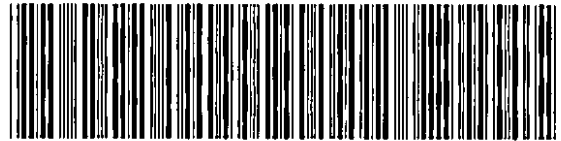
(Business Entity Name)

(Document Number)

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19 MAR 25 AM 9:25

SECRETARY OF STATE
HALLMARKS, INC.

03/25/19--01005--005 **155.00

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MAR 26 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRAND LAND ENTERPRISES LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

0/10
x
00x

Please return all correspondence concerning this matter to the following:

Donna Marie Walters, FRP
Name of Person
Ausley & McMullen, P.A.
Firm/Company
123 South Calhoun Street
Address
Tallahassee, Florida 32301-1517
City/State and Zip Code
dwalters@ausley.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Marie Walters at (850) 425-5457
Name of 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 following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$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:

1. Grand Land Enterprises 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.")

2. Delaware 3. 82-3356313
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4708 Capital Circle NW 6. 4708 Capital Circle NW
(Street Address of Principal Office) (Mailing Address)
Tallahassee, Florida 32303 Tallahassee, Florida 32303

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Ausley & McMullen, P.A., Attn.: Robert A. Pierce,
Office Address: 123 South Calhoun Street
Tallahassee 32301-1517
(City) (Zip code)

FILED
MAR 25 AM 9:25
STATE OF FLORIDA
TALLAHASSEE

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 provisions 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.

Robert A. Pierce

(Registered agent's signature)

Ausley & McMullen, P.A.

Robert A. Pierce, Esq., for the Firm

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Behzad Ghazvini
☐ Member Address: 4708 Capital Circle NW
☐ Authorized Tallahassee, Florida 32303-7217
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Jason A. Ghazvini
☐ Member Address: 4708 Capital Circle NW
☐ Authorized Tallahassee, Florida 32303-7217
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Mehran Ghazvini
☐ Member Address: 4708 Capital Circle NW
☐ Authorized Tallahassee, Florida 32303-7217
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Justin Ghazvini
☐ Member Address: 4708 Capital Circle NW
☐ Authorized Tallahassee, Florida 32303-7217
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Robert A. Pierce

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GRAND LAND ENTERPRISES 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-FIRST DAY OF MARCH, A.D. 2019.



6127260 8300

SR# 20192164421

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202494161

Date: 03-21-19