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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500

Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company GROVER BEACH CAPITAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER	LETTER .,				
TO: Registration Section Division of Corporations	•	٠,			
SUBJECT: Grover Beach Capital, LLC					
	ted Liability Company				
The enclosed "Application by Foreign Limited Liability Company Existence, and check are submitted to register the above referenced	d foreign limited liability company to transact busin	Certificate of ness in Florida.			
Please return all correspondence concerning this matter to the follo	owing:				
John Jenkins Jr.					
Name	of Person				
Capitol Services - Corporate Filings	Team				
Firm/C	Company				
515 East Park Avenue 2nd Fl					
Ad	ldress				
Tallahassee, FL 32301					
City/State of	and Zip Code				
john@urban-commons.com					
E-mail address: (to be used for	future annual report notification)				
For further information concerning this matter, please call:					
at	(<u>855</u>) <u>498 - 5500</u>	201			
Name of Contact Person	Area Code Daytime Telephone Number	2019 AUG 2			
MAILING ADDRESS:	STREET ADDRESS:	75			
Division of Corporations	Division of Corporations	Σ			
Registration Section	Registration Section	ω ,			
P.O. Box 6327	Clifton Building	- 1			
Tallahassee, FL 32314	2661 Executive Center Circle	<u></u>			
	Tallahassee, FL 32301				
Enclosed is a check for the following amount:		7 7 00 AM 11: 00			
Please make check payable to: FLORIDA DEPARTMENT OF STATE					
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy Certificate of Status Certified Copy 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Grover Beach Capital, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If turns unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Compuny." "L.L.C." or "L.I.C." 2. California 3. 46-3591739 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI aumber, if applicable) 4 8/1/2019 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability.) Grover Beach Capital, LLC 6. Urban Commons, LLC (Mailing Address) (Street Address of Principal Office) 10250 Constellation Blvd. Suite 1750 950 El Camino Real Los Angeles, CA 90067 Grover Beach, CA 93422 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: 515 East Park Avenue 2nd Fl Office Address: , Florida <u>323</u>01 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.

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

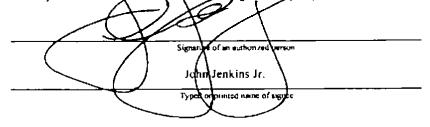
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized	i to
manage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: John Jenkins Jr.	X Manager	Name: _	Taylor Woods
Member	Address: 10250 Constellation Blvd. Suite 1750	Member	Address: 10250 Constellation Blvd. Suite	
Authorized	Los Angeles, CA 90067	Authorized	Los Angeles, CA 90067	
Person		Person	-	
Other	Other	Other		Other
X Manager	Name: Howard Wu	Manager	Name: _	
Member	Address: 10250 Constellation Blvd. Suite 1750	☐ Member	Address	
Authorized	Los Angeles, CA 90067	Authorized		
Person		Person		
Other	Other	Other		Other 2019 AUG
□ M	Norma	Малирет	V.,	PT 1
Manager	Name:			
Member	Address:	Member	Address	
Authorized		Authorized		=
Person		Person		. 00
Other	Other	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 felopy as provided for in s.817.155, F.S.



State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GROVER BEACH CAPITAL, LLC

FILE NUMBER: FORMATION DATE: 201324910125 09/05/2013

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 22, 2019.

ALEX PADILLA Secretary of State

VRF

NP-25 (REV 02/2019)