

W19000011675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

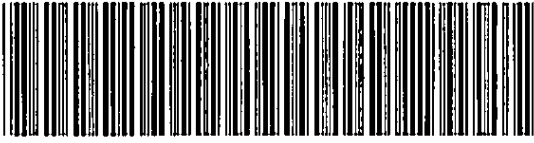
(Document Number)

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Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC -5 PM 4: 32

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✓

David M. Cole, CPA

David M. Cole, CPA

Email david@davidcolecpa.com
407-536-2033
Fax 407-351-4733

December 2, 2019

CONFIDENTIAL

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: GR. Family Store LLC
5401 S. Kirkman Road, Suite 700
Orlando, FL 32819
Letter Number: 019A00023575

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Department of the State:

The above referenced Limited Liability Company received the attached notice and contacted us for advice and reply. The notice is requesting a Certificate of Good Standing from the State they were set up in.

Please see attached for this Certificate of Good Standing from the State of Wyoming.

Thank you for your attention to this matter. We very much appreciate your help and if you have any questions do not hesitate to contact our office.

Thank you again.

Sincerely,



David M. Cole, CPA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2019

DAVID M. COLE
5401 SOUTH KIRKMAN ROAD
SUITE:700
ORLANDO, FL 32819

SUBJECT: GR. FAMILY STORE LLC
Ref. Number: W19000100689

We have received your document for GR. FAMILY STORE LLC and your check(s) totaling \$130.00. 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.

Yvette Scott
Document Specialist II

Letter Number: 019A00023575

RECEIVED
DEC 05 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GR. Family Store, 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.

Please return all correspondence concerning this matter to the following:

David M. Cole

Name of Person

David M. Cole, CPA, LLC

Firm/Company

5401 South Kirkman Road, Suite 700

Address

Orlando, FL 32819

City/State and Zip Code

mailgrfamily@gmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David M. Cole, CPA

407

536-2033

at ()

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 095.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GR. Family Store, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A
(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. State of Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 37-1911671
(FEI number, if applicable)

4. October 28, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5401 S. Kirkman Road, Suite 700
(Street Address of Principal Office)

6. 5401 S. Kirkman Road, Suite 700
(Mailing Address)

Orlando

Orlando

32819

32819

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

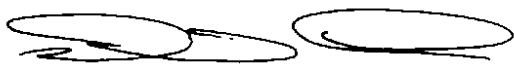
Name: Cole, David M.

Office Address: 5401 S Kirkman Road, Suite 700

Orlando, Florida 32819
(City) (Zip code)

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.


(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: David M. Cole
 Member Address: 5401 S. Kirkman Road
 Authorized Suite 700
Person Orlando, FL 32819
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: _____
 Member Address: _____
 Authorized _____
Person _____
 Other _____ Other _____

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Manager Name: _____
 Member Address: _____
 Authorized _____
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.17.155, F.S.



Signature of an authorized person

David M. Cole

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

Gr.Family Store LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **October 3, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000822989**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of November, 2019 at 1:55 PM. This certificate is assigned 032654528.

2019
NOV-27
11:55 AM
SECRETARY OF STATE
TAMARA HASSELL-PRIDA



Edward A. Buchanan
Secretary of State