

12/15/2020

Division of Corporations

M20000011627

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000427775 3)))



H200004277753ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

12/15/2020 10:36:58 AM

Foreign Limited Liability Company  
GREY MOUNTAIN, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
2020 DEC 15 PM 12:41

SBF  
12/16/20

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. Grey Mountain, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Grey Mountain Sun, LLC (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. New Jersey (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-4251523 (EIN number, if applicable)

4. (Date first transacted business in Florida, if prior to registration. (See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. c/o Joseph Vazquez (Street Address of Principal Office)

6. c/o Joseph Vazquez (Mailing Address)

233 S Federal Hwy 508 Boca Raton, FL 33432

233 S Federal Hwy 508 Boca Raton, FL 33432

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

Name: Joseph Vazquez Office Address: 233 S Federal Hwy 508 Boca Raton, Florida 33432

7:17:15 PM 3:22

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.

Joseph Vazquez (Registered agent's signature)

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Joseph Vazquez</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>233 S Federal Hwy 508</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33432</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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.

Joseph Vazquez  
Signature of an authorized person

Joseph Vazquez  
Typed or printed name of signer

12-15-2020 10:36:58 AM

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

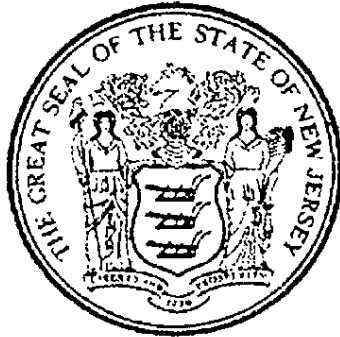
GREY MOUNTAIN, L.L.C.  
0600255904

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 20, 2005.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

CORPORATION SERVICE COMPANY  
PRINCETON SOUTH CORPORATE CTR  
STE 160, 100 CHARLES EWING BLVD  
EWING, NJ 08628



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of December, 2020*

Elizabeth Maher Muoio  
State Treasurer

12/15/2020 10:36:58

Certificate Number : 6113527635

Verify this certificate online at

[https://www1.state.nj.us/FYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/FYTR_StandingCert/JSP/Verify_Cert.jsp)