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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2021

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CARRIE F. BEKKER 6608 SOUTH WEST SHORE BLVD. SUITE 2228 TAMPA, FL 33616

SUBJECT: GRABADS MEDIA, LLC Ref. Number: W21000037250

We have received your document for GRABADS MEDIA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 721A00005899

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



Please feel free to call me at 813.486.2915 if you have any questions or need additional information in order to process this Application.

T

Many thanks, Eatric F. Bekke

Chief Executive Officer

Enclosures

W21000037250

COVER LETTER

TO: Registration Section Division of Corporations

GrabAds Media, LLC

SUBJECT: _

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:

Carrie F. Bekker

 Name of Person

 Firm/Company

 6608 South West Shore Blvd., Suite 2228

 Address

 Tampa, FL 33616

 City/State and Zip Code

 cbekker@bccp-II.com

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

 For further information concerning this matter, please call:

Carrie F. Bekker 813 486-2915 at (Daytime Telephone Number Name of Contact Person Area Code Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount:

Pleáse make check paya	ble to: FLORIDA DEPARTM	LF.C	NI OF STATE	
\$125.00 Filing Fee	🗆 \$130.00 Filing Fee &		\$155.00 Filing Fee &	🗆 🗆 \$160.00 Filing Fee, Certificate
- 0	Certificate of Status	5	Certified Copy	of Status & Certified Copy

102/000037250

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.

I.	GrahAds Media, LLC (Name of Foreign Limited Liability Company, must include "Limited	Liability Company," "I. I. C.," or "	(LLC ")	_
G	irabAds Media of Florida, LLC			
i B	name unavailable, enter alternate name adopted for the prapose of transacting business in Flo	rida. The alternate name inist include "I	conted Liability Company," "L.L.C." of	eine p
2	Wyoming	46-5402503	202 St	
4.	(Jurisdiction under the law of which foreign fimited liability comparis is organized)	J	FF: number, if applying the HAR 30	
ч.	(Date first transacted business in Florida of prior to the (See sections 605 0904 & 605 0905 F.S. to determine	egistration) « penalty frability (
5.	400 Dunbar Ave.	400 Dunbar Ave. 6.	2011년 1 년 11년 - 11년 - 11년 11년 - 11년 - 11년 11년 - 11년 - 11년 11년 - 11년	\bigcirc
	reet Address of Principal Office I	(Mailing Address)	FL	 1
	Oldsmar, FI, 34677	Oldsmar, FL 34677		

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

Name:	CARRIE F BEKKER	
Office Address:	6608 South West Shore Blvd., Suite 2228	
	Tampa	33616 Florida
	(Cits)	(Zip code)

Registered agent's acceptance:

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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.

Ü (Registered agent's signature)

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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>	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:	Manager	Name:
∎Member	Address:	■Member	Address:
Authorized	Suite 200	Authorized	Windermere, FL 34786
Person	Orlando, FL 32819	Person	
Other	Other	D0ther	Other
			202 1
□Manager	Name:	□Manager	Name: RAR
□Member	Address:	□Member	Address:
Authorized	<u></u>	Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
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), Elorida 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.

partment of St	ate constitutes a mig	a acgree,	leiony as pro	vided for in s.817.
. / /)	Vit		
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		/	\subseteq	
Signature at an anthonized person				

Carrie F. Bekker, CEO of Bekker Compliance Consulting Partners, LLC, Registi

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,

GrabAds Media, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **April 22**, **2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000663377**.

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 26th day of February, 2021 at 2:16 PM. This certificate is assigned ID Number 042,621,320.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.