

M21000009012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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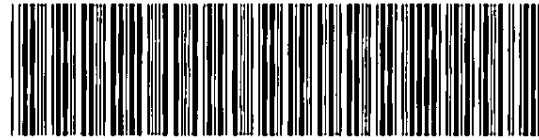
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALBANY  
CLERK

15 2021

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07/12/2021

**\*\*WALK IN\*\***

ENTITY NAME Granger Management Holdings LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 125.00

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Granger Management Holdings 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:

Marc Blieden  
Name of Person  
Granger Management LLC  
Firm/Company  
17 State Street, Suite 3220  
Address  
New York, New York 10004  
City/State and Zip Code  
Marc@grangerllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Present, Esq. at ( 212 ) 779-3207  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Granger Management HOLDINGS, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. pending

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

5. 17 State Street, Suite 3220

(Street Address of Principal Office)

6. 17 State Street, Suite 3220

(Mailing Address)

New York, New York 10004

New York, New York 10004

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

Name: United Corporate Services, Inc.,

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312  
(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.*

Michael A. Barr President

(Registered agent's signature)

2021 JUL 12 PM 4:39


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>Andrew Walter</u>                  | <input checked="" type="checkbox"/> Manager | Name: <u>Geraldine McManus</u>              |
| <input type="checkbox"/> Member             | Address: <u>17 State Street, Suite 3220</u> | <input type="checkbox"/> Member             | Address: <u>17 State Street, Suite 3220</u> |
| <input type="checkbox"/> Authorized         | <u>New York, New York 10004</u>             | <input type="checkbox"/> Authorized         | <u>New York, New York 10004</u>             |
| Person                                      | _____                                       | Person                                      | _____                                       |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____        |
| <br><input type="checkbox"/> Manager        | Name: _____                                 | <br><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"/> Other _____        | <input type="checkbox"/> Other _____        |
| <br><input type="checkbox"/> Manager        | Name: _____                                 | <br><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"/> 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.

DocuSigned by:  
  
 Signature of authorized person

Marc Blieden, Chief Operating Officer

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 "GRANGER MANAGEMENT HOLDINGS 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 TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRANGER MANAGEMENT HOLDINGS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5337760 8300

SR# 20212678890

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203648953

Date: 07-12-21