## M22000008412

(R	equestor's Name)					
(A	ddress)					
(A	ddress)					
(C	ity/State/Zip/Phone	#)				
PICK-UP	TIAW	MAIL				
(B	usiness Entity Nam	e)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer:					
	-					

Office Use Only



100388442531

05/27/22--01003--017 \*\*155.00

PILLO RECEIVED

2022 MAY 27 PM 2: 38022 MAY 27 PM 12: 4

MAY 27 2022 K. Brumbley

# CORPORATE ACCESS, \_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

## **WALK IN**

		CK UP:	5/27 DAN			
ζ.	CERTIFIED COPY					
	РНОТОСОРУ					<del></del>
	CUS					
(	FILING	FOREI	IGN LLC			
	RAN DEVELOPMENT ORPORATE NAME AND DOC		<u> </u>			
(C	ORPORATE NAME AND DOC	CUMENT #)				<u></u>
(C	ORPORATE NAME AND DOC	UMENT #)		<del></del>		
(C	ORPORATE NAME AND DOC	TUMENT #)				
(C	ORPORATE NAME AND DOC	UMENT #)				
(C	ORPORATE NAME AND DOC	UMENT #)	<del>.</del>		<del></del>	
AL	IONS:					

## 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: Gran Development LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") off 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.") New York 3 20-1412170 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6459 State Highway 23 6459 State Highway 23 (Street Address of Principal Office) (Mailing Address) Onconta, NY 13820 Onconta, NY 13820 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert A Harlem Jr Name: 1614 Gondola Park #1614 Office Address: Venice . Florida 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)

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: Title or Capacity: Name and Address: Robert A Harlem Jr □ Manager □ Manager Name: \_\_\_\_\_ 1614 Gondola Park #1614 **■**Member ☐Member Address: \_\_\_\_\_ Venice, FL 34292 ☐ Authorized ☐ Authorized Person Person Other\_\_\_ □Other\_\_\_ Other □Other\_\_\_\_ □Manager ☐ Manager Name: \_\_\_\_\_ □Member Address: \_\_\_\_ □ Member Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ 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. Nonindexed 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. Robert A. Harlem Tr. Signature of an authorized person Robert A Harlem Jr

Typed or printed name of signee

### STATE OF NEW YORK

### DEPARTMENT OF STATE

#### Certificate of Status

I. ROBERT	Г J. ROI	DRIGUEZ.	Secretary of	of State of the	State of Ne	w York and	custodian	of the	records
required by law to	be filed	in my off	ice, do here	by certify that	upon a dilig	ent examina	tion of the	records	of the
Department of State,	, as of the	date and ti	me of this co	ertificate, the fo	llowing entity	information	is reflected:		

**Entity Name:** 

GRAN DEVELOPMENT LLC

**DOS ID Number:** 

3072216

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

06/29/2004

Statement Status:

**CURRENT** 

Statement Due Date:

06/30/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** 

ARTICLES OF ORGANIZATION

Date of Filing:

06/29/2004

**Effective Date:** 

08/01/2004

**Entity Name:** 

GRAN DEVELOPMENT LLC

Document Type:

AFFIDAVIT OF PUBLICATION

Date of Filing:

12/03/2004

**Document Type:** 

AFFIDAVIT OF PUBLICATION

Date of Filing:

12/03/2004

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 05/23/2006

 Effective Date:
 06/01/2006

**Document Type:** BIENNIAL STATEMENT

Date of Filing:06/17/2008Effective Date:06/01/2008

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/15/2010

 Effective Date:
 06/01/2010

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 07/20/2012

 Effective Date:
 06/01/2012

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/10/2014

 Effective Date:
 06/01/2014

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/09/2016

 Effective Date:
 06/01/2016

**Document Type:** BIENNIAL STATEMENT

 Date of Filing:
 06/04/2018

 Effective Date:
 06/01/2018

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 06/04/2020

 Effective Date:
 06/01/2020

Above space is left blank intentionally.

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 20, 2022 at 05:57 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001601590 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>