## M220000/63/

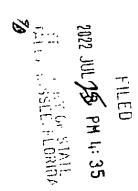
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

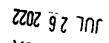
Office Use Only



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## **COVER LETTER**

TO: Registration Section

Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in I				
return all	correspondence concerning this matter to	o the following:				
	JACK MILLER					
		Name of Person				
	GBCIB AND ADVISORS, LLC					
		Firm/Company				
	5300 W ATLANTIC AVE STE 205					
	***	Address				
	DELRAY BEACH, FL 33484					
	C	ity/State and Zip Code				
	nvirga@geltfinancial.com					
	E-mail address: (to be	used for future annual report notification)				
ther info	rmation concerning this matter, please cal	n:				
NANC	Y VIRGA	561 221-0900 X 101				
_	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallal	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				



May 27, 2022

JACK MILLER 5300 W ATLANTIC AVE STE 205 DELRAY BEACH, FL 33484

SUBJECT: GROVE EQUITY PARTNERS, LLC

Ref. Number: W22000070629

We have received your document for GROVE EQUITY PARTNERS, LLC and your check(s) totaling \$160.00. 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.

Letter Number: 422A00012134

Tracy L Lemieux Regulatory Specialist II

## 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:

DE		orida. The alternate name must include "	,,	i," or "L.L.	
		88-1203313			
(Jurisdiction under the law of v	hich fixeign limited liability company is organized)	.)	(FEI number, if applicable)		
N/A					
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determi	registration ) ne penalty liability)			
5300 W ATLANTIC A	AVE	5300 W ATLANTIC AVE			
reet Address of Principal Office)		6. (Mailing Address)			
STE 205		STE 205	<b>6</b> 500 20		
DELRAY BEACH, FI	. 33484	DELRAY BEACH,			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ST THE	PA PH 4: 35	
Name:	GBCIB AND ADVISORS, LLC		OR ID.	ب. 35	
i viii i c.			,		
Office Address:	5300 W ATLANTIC AVE, STE.205				
	5300 W ATLANTIC AVE, STE.205  DELRAY BEACH	 3348 , Florida	84		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: GBCIB AND ADVISORS, LLC ■Manager □Manager Name: \_\_\_\_\_\_ Address: \_\_\_\_ Address: \_\_\_\_\_ □Member ■ Member STE, 205, ELRAY BEACH, FL 33484 □ Authorized □ Authorized JACK MILLER Person Person □Other \_ \_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Other □Manager Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_ □Member □Member Address: Address: ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ Name: Name: \_\_\_\_\_ Manager □Manager □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. Signature of an authorized person

Typed or printed name of signee

JACK MILLER



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GROVE EQUITY PARTNERS, 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. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GROVE EQUITY

PARTNERS, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2021.



Authentication: 203893812

Date: 07-12-22