## M22000015192

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					



09/15/22--01016--014 \*\*125.00

2022 SEP 30 PH 3: 03

## TO: **Registration Section Division of Corporations**

Grid Construction, LLC

SUBJECT:

۰.

ł

Name of Limited Liability Company

COVER LETTER

.

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:

Edward Schrank			
	Name of Person		
Grid Construction, LLC			
	Firm/Company		
509 Majestie Oak Drive			
	Address		
Apopka, Florida 32712			
	City/State and Zip Code		
eschrank@planbholdings.com			
É-mail address: (to	be used for future annual report notification)		
er information concerning this matter, please c	all:		
Edward Schrank	407 756-7505		
Name of Contact Person	at ()Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
Tananassee, 112 52,514	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
Please make check payable to: FLORIDA DE			
S130.00 Filing Fee S130.00 Filing Fee Certificate	Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certified Copy — of Status & Certi		

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

## IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Grid Construction, LLC	2					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company." "L.L.C.," or "LLC.")				
If name unavailable, onter alternate	name adopted for the purpose of transacting business in Flor	ula "Ibe alternate nume merci include "Limitad Linki	Structures and the Cart	<u></u>		
State of Arizona	while produce for the bealway of confidences in the	88/1827869	by company, E.E e	κ LLI. J		
2. Unrisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)				
Durisdiction under the law of w	high foreign limited liability company is organized)	(FEI number,	(Fit number, if applicable)			
Not Started						
i	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) c penalty liability (				
509 Majestic Oak Driv 5.	'C	509 Majestic Oak Drive				
Street Address of Principal Office)		6(Mailing Address)				
Apopka, FL 32712		Apopka, FL 32712				
	· · · · · · · · · · · · · · · · · · ·		2022			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	2)22 SEP			
			- 3 0			
N	Edward L Schrank					
Name:			PH PH			
	509 Majestic Oak Drive		3: 03			
Office Address:			. 03			
	Apopka	32712 , Florida				
	(Čity)	(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.

Registere factor (Signature) Gllan

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:
∎Manager	Edward Schrank Name:	□Manager	Name:
DMember	509 Majestic Oak Drive	■Member	Address:
Authorized	Apopka, FL 32712	Authorized	Boynton Beach, FL 33437
Person		Person	
🗇 Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
<b>■</b> Member	Address:	Member	Address: 718 W. Business Hwy 60
[] Authorized	Nsaples, FL 34105	□Authorized	Dexter, MO 63841
Person		Person	
D0ther	Other	Other	□Other
□Manager	Name:	□Manager	Name:
Member 🖬	Address:	□Member	Address:
Authorized	Clearwater, FL 33755	□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). Florida Statutes, 1 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.

Zohuwen Mins chrise of authorized nerso

Edward L Schrank

Typed or printed name of signee

