

**M23000008742**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ  
Account Number : I20190000084  
Phone : (813)254-8998  
Fax Number : (813)839-4411

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2023 JUL - 6 PM 2:50  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 JUL - 6 PM 5:30

**Foreign Limited Liability Company**

**Grand Enclave, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

## COVER LETTER

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

GRAND ENCLAVE, L.L.C.  
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:

David B. Singer, Esq.

\_\_\_\_\_  
Name of Person

Older Lundy Koch & Martino

\_\_\_\_\_  
Firm/Company

1000 W Cass Street

\_\_\_\_\_  
Address

Tampa, FL 33606

\_\_\_\_\_  
City/State and Zip Code

DSinger@OlderLundyLaw.com

\_\_\_\_\_  
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David B. Singer, Esq.	813	254-8998	
_____ Name of Contact Person	at (	) Area Code	Daytime Telephone Number

**MailingAddress:**

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

**StreetAddress:**

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 &     \$155.00 Filing Fee &     \$160.00 Filing Fee, Certificate  
of Status    Certified Copy    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. GRAND ENCLAVE, L.L.C.

(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. MI

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

3. \_\_\_\_\_ (EIN number, if applicable)

4. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 615.0905, F.S. to determine penalty liability)

5. 4854 Mandale Court  
(Street Address of Principal Office)

6. 4854 Mandale Court  
(Mailing Address)

Orchard Lake, MI 48324

Orchard Lake, MI 48324

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

Name: David B. Singer, Esq.

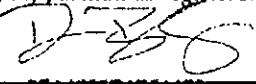
Office Address: 1000 W Cass Street

Tampa 33606  
(City) Florida (Zip code)

2023 JUL - 6 PM 5:30

**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.*

  
SEA4232D4051475... (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]:

<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>Stanley Finsilver</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4854 Mandale Court</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Orchard Lake, MI 48324</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<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 _____
<input type="checkbox"/> Manager	Name: _____	<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.

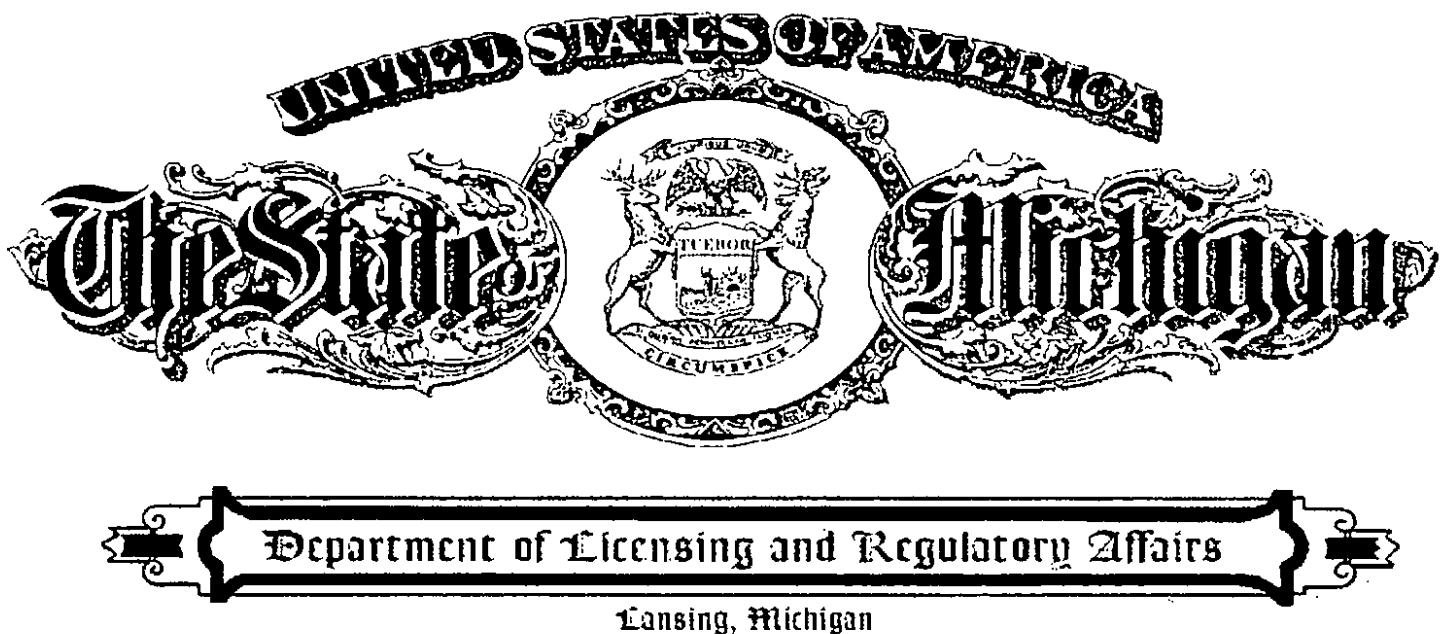
Stanley H. Finsilver

Stanley H. Finsilver, Esq., 7/17/2023

Signature of an authorized person

Stanley Finsilver

Typed or printed name of signee



*This is to Certify That*

**GRAND ENCLAVE, L.L.C.**

*was validly authorized on April 19, 2021, as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 5th day of July, 2023.*

A handwritten signature of Linda Clegg in black ink.

*Linda Clegg, Director*

*Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

*Certificate Number: 23070038104*