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COVER LETTER

TO: Registration Section Division of Corporations	
GREEN ROCK STRATEGIES, LLC SUBJECT:	
Name	of Limited Liability Company
The enclosed "Application by Foreign Limited Liability C Existence, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to	the following:
HEATHER MCKAY	
	Name of Person
GREENN ROCK STRATEGIES, LLC	
	Firm/Company
1640 MEETING STREET ROAD, SU	TTE 305
	Address
CHARLESTON, SC 29405	
C	lity/State and Zip Code
HMCKAY@GREENROCKLLC.COM	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, please ca	II:
DEBRA MONGIARDO	352 339-0545 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🗎 \$160.00 Filing Fee, Certificate

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:

L GREEN ROCK STRA		 	99 7 7 9 117 5		-	
	Limited Liability Company, must include "Limited	I Liability Ci	ompany, L.C., or LLC.			
N/A	name adopted for the purpose of transacting business in Fl	ouds. The alte	mate name must include "Limited Liabil	us Compans," "L.		,
		inga the anc	THE PARTY OF THE P	.,,,		
_	FTY, SOUTH CAROLINA	3	(FE) number,			
Hurisdiction under the law of w	hich foreign limited liability company is organized)		(FE) number,	if applicable)		
N/A						
4	(Date first transacted business in Florida, if prior to (See sections 605-0903 & 605-0905, F.S. to determi	registration)	nlity)			
1640 MEETING STRI	EET ROAD	17	OR THEFT NO STREET RO	AD		
5. (Street Address of Principal Office)		0	(Mailing Address)			
SUITE 305		St	JITE 305			
CHARLESTON, SC 2	9405	C	HARLESTON, SC 29405			
7. Name and street addre	ss of Florida registered agent: (P.O. Box DEBRA MONGIARDO	: <u>NOT</u> acc	ceptable)	<u> </u>	2024 FEB 2	4 199 4 199
Office Address:	3520 NW 43rd STREET			:	0 13	3 1 3 2 2 1 4
	GAINESVILLE	.	32606 , Florida	- 	2: 26	\ 3
	(City)		(Zip code)			
designated in this applicate comply with the provis	egistered agent and to accept service of a ution, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent.	s register and com	ed agent and agree to act in olete performance of my dui	this capacity	:. I further a	agree
	Debra W	longi	ardo			
	(Registered agent's	Signatur)				

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

itle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:NERMAN EDWARD SMITH, III	■Manager	Name: RAYMOND LIGHTFOOT, JE
]Member	Address:	□Member	Address: 640 MEETING STREET RI
Authorized	SUITE 305	□Authorized	SUITE 305
Person	CHARLESTON, SC 29405	Person	CHARLESTON, SC 29405
Other		■Other	T
Manager	Name: BOB SHEPARD	□Manager	Name: HEATHER MCKAY
lMember	Address: 640 MEETING STREET RD	□Member	Address: 640 MEETING STREET R
Authorized	SUITE 305	■Authorized	SUITE 305
Person	CHARLESTON, SC 29405	Person	CHARLESTON, SC 29405
Other		■Other	
lManager	Name: CHRISTINE KOZLOWSKI	□Manager	Name:
lMember	Address:	□Member	Address:
lAuthorized	SUITE 305	□Authorized	
Person	CHARLESTON, SC 29405	Person	
OFFICE N		Other	Other

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.

Symature of an authorized person

CHRISTINE KOZLOWSKI

Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

GREEN ROCK STRATEGIES, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 3rd, 2016, with a duration that is until December 1st, 2066, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 12th day of February, 2024.

Mark Hammond, Secretary of State