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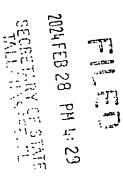
(Requestor's Name)				
(Address)				
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(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO:

Registration Section

SUBJECT:	Name	of Limited Liability Company			
The enclosed Existence, ar	d "Application by Foreign Limited Liability C 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	o the following:			
	ANDREW ANTILES				
		Name of Person			
	GRAYSTONE TRADING, LLC				
	Firm/Company				
	1100 BRICKELL BAY DRIVE, APT 71-F				
		Address			
	MIAMI, FLORIDA 33131				
	C	ity/State and Zip Code			
	CHRISTY@GRAYSTONEPREMIUM.	COM			
	E-mail address: (to be	used for future annual report notification)			
For further in	nformation concerning this matter, please cal	II:			
CH	RISTY BELL	303 803-4856 at ()			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fee Certificate o	PARTMENT OF STATE e & \$ 155.00 Filing Fee & \$ 160.00 Filing Fee, Certificate			

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

IN COMPHANCE WITH SECTION 605,0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO RECISTER A FOREIGN. HMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

li name unavailable enter alternate :	name adopted for the purpose of transacting business in Flor	nda. The alterrate name must include "Limited Liabi	thty Company." "L. I. C." or "L.I.C.")	
DELEWARE		86-2215016	,,,,	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
02/01/2024				
	(Date first transacted business in Florida, if prior to te (See sections 695 0904 & 605 0905, F.S. to determine	gistration)		
(See sections 605 0904 & 605 0905, F.S. to'det 254 CHAPMAN ROAD		254 CHAPMAN ROAD		
Street Address of Principal Office)		6. (Mailing Address)		
SUITE 208, #4779		SUITE 208, #4779	2	
NEWARK, DE 19702		NEWARK, DE 19702	DZ4 FEI	
. Name and street addres Name:	ss of Florida registered agent: (P.O. Box ANDREW ANTILES	<u>NOT</u> acceptable)	28 PH 4: 2	
Office Address:	1100 BRICKELL BAY DRIVE, APT 7	1-F	Fig. 6	
	MIAMI	33131 , Florida		
	(Cay)	(Zip code)	_	
lesignated in this applica o comply with the provisi	stance: gistered agent and to accept service of pr tion, I hereby accept the appointment as ions of all statutes relative to the proper a s of my position as registered agent.	registered agent and agree to act in	this capacity. I further ag	
	Andrew A	Ly .		

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	Name: ANDREW ANTILES	□Manager	Name:
■Member	Address: 1100 BRICKELL BAY DRIVE	□Member	Address: 211 NEPTUNE AVE
□Authorized	APT 71-F	■Authorized	UNITA
Person	MIAMI, FL 33131	Person	ENCINITAS, CA 92024
□Other	□Cither	[]Other	□Other
□Manager	Name: CHRISTY BELL	□Manager	Name:
□Member	Address: PO BOX 1019	□Member	Address:
■ Authorized	KIOWA, CO 80117	□Authorized	
Person		Person	
Other	Other	□Other	Other
□Managet	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
indexed individuals 9. Attached is a cert	Use an attachment to report more than six (6). It may be added to the index when filing your Fluificate of existence, no more than 90 days old, ne law of which it is organized. (If the certificate st be submitted)	orida Department of State duly authenticated by the	Annual Report form. official having custody of records in the
	is executed in accordance with section 605.020 ment to the Department of State constitutes a the		
	Signature	of an authorized person	

Typed or printed mane of signee

CHRISTY BELL

Doc ID: f6dd06c4bd76a9aab9a13c8761f4b4b17276b735





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

DELAWARE, DO HEREBY CERTIFY "GRAYSTONE TRADING 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2024.

Authentication: 202712043

Date: 01-31-24