

MZ40000006602

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

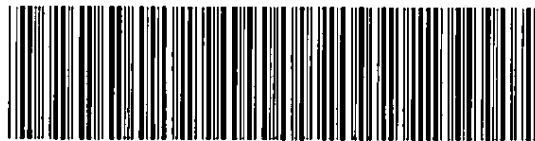
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/01/24--01001--020 \*\*130.00

2024 MAY -1 PM 5:58

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRHH SUNSET GARDENS LLC

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:

Cathy Tomlinson

Name of Person

Hawkins Companies LLC

Firm/Company

855 W Broad Street #300

Address

Boise, ID 83702

City/State and Zip Code

sosnotices@hccolc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Tomlinson

208

908-5549

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

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 &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



# HAWKINS

ROB DICKINSON, GENERAL COUNSEL  
208-908-5540 | RDICKINSON@HCOLLC.COM

CATHY TOMLINSON, LEGAL ASSISTANT  
208-908-5549 | CTOMLINSON@HCOLLC.COM

April 29, 2024

Florida Secretary of State  
Division of Corporations / Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**VIA FEDERAL EXPRESS**

RE: *Foreign Filing – GRHH Sunset Gardens LLC*

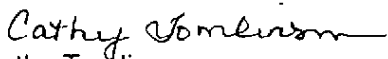
To Business Processing Section:

Please find attached the requested cover letter and the *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida* (with registered agent's signed acceptance) for filing with your office as it relates to GRHH Sunset Gardens LLC. I've also included with the Application a recent copy of the Idaho Certificate of Existence.

Also enclosed is a check in the amount of \$130.00 representing the required registration fee and certificate of status fee. Please forward a file stamped copy to my attention at your earliest convenience either by email or mail (*return label included for convenience*).

Should you have any questions or need additional information, please feel free to contact me at the number and/or e-mail noted above. Thank you.

Sincerely,

  
Cathy Tomlinson  
Legal Assistant to Rob Dickinson

Enclosures

N ID TLHA (850) 245-6000  
ION OF CORP/REGISTRATIONS  
IDA SECRETARY OF STATE  
CENTRE OF TALLAHASSEE  
N MONROE ST #810  
TALLAHASSEE FL 32303  
ID STATES US

SHIP DATE: 29APR24  
ACTWGT: 1.00 LB  
CAD: 103225418INET4535

ATHY TOMLINSON  
AWKINS COMPANIES  
555 W BROAD STREET #300

OISE ID 83702  
376-8522

REF:

DEPT

583J3C137/PAE3



RETURNS MON-FRI  
STANDARD OVERNIGHT

7914 5014 3829

83702

ID-US



After printing this label:  
1. Fold the printed page along the horizontal line  
2. Place label in shipping pouch and attach it to your shipment  
CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on  
fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage,  
delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document  
your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from  
FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and  
other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized  
declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g.  
jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed  
within strict time limits, see current FedEx Service Guide.

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. GRHH SUNSET GARDENS LLC  
(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. Idaho 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 855 W Broad Street #300 6. 855 W Broad Street #300  
(Street Address of Principal Office) (Mailing Address)

Boise, ID 83702 Boise, ID 83702  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Corporate Creations Network Inc.  
Office Address: 801 US Highway 1  
North Palm Beach 33408  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

2024 MAY -1 PM 5:58

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.

Patricia Giner

(Registered agent's signature)

Patricia Giner Special Secretary

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: GRH Management LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 855 W Broad Street #300	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Boise, ID 83702	<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.

DocuSigned by:

*Brian Huffaker*

DT3726A8201F577

Signature of an authorized person

Brian Huffaker, as Manager of GRH Management LLC, Manager

Typed or printed name of signee



# STATE OF IDAHO

*Phil McGrane* | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

April 18, 2024

**Request Type:** Certificate of Existence/Filing

**Request #:** 0005697273

**Receipt #:** 000972773

**Issuance Date:** 04/18/2024

**Copies Requested:** 0

**Regarding:** GRHH Sunset Gardens LLC

**Filing Type:** Limited Liability Company (D)

**Formation/Qualification Date:** 04/18/2024

**Status:** Active-Existing

**Duration Term:** Perpetual

**File # :** 5696704

**Formation Locale:** IDAHO

**Inactive Date:**

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### GRHH Sunset Gardens LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

**Idaho Secretary of State**

Processed By: Business Division

**Verification #:** 028444739