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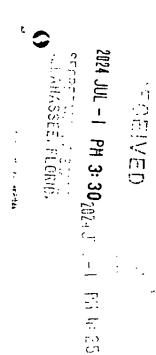
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	PICK UP:	BROOK 7/1					
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1.	GRANDVIEW EQUITIES CORPORATE NAME AND DOCUME	USA LLC					
2.	(CORPORATE NAME AND DOCUME)	NT #)					
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COVER LETTER

FO:	Registration Section Division of Corporations					
SUBJI	GRANDVIEW EQUITIES USA LLC					
., (1)	UBJECT: Name of Limited Liability Company					
		ty Company for Authorization to Transact Business in Florida," Certificate over referenced foreign limited liability company to transact business in Floric				
Please	return all correspondence concerning this matte	er to the following:				
	Moses					
		Name of Person				
	Corpex					
	-	Firm/Company				
	PO Box 1176					
		Address				
	Monsey, NY 10952					
		City/State and Zip Code				
	Admin@corpexinc.com					
	E-mail address: (to	be used for future annual report notification)				
For fu	rther information concerning this matter, please	call:				
Moses		845 579-5939				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$\Bigsim \mathbb{S}125.00\$ Filing Fee \$\Bigsim \mathbb{S}130.00\$ Filing Certificat	EPARTMENT OF STATE				

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:

GRANDVIEW EQUIT (Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	Company," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida. The	alternate name must include "Limited Liability	Company," "L.L.C," or "L.L.C.")
New York				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if a	pplicable)
7/1/2024				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	ı.) fiability)	-
119 GRANDVIEW A	VE.	6	119 GRANDVIEW AVE.	
Street Address of Principal Office)	····	0.	(Mailing Address)	
SPRING VALLEY, N	Y. 10977		SPRING VALLEY, NY, 10977	
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT :	neceptable)	2024 1
Name:	David Roberts			
Office Address:	7901 4th St N STE 300			: G
	St. Petersburg		33702 , Florida	
	(City)		(Zip code)	
esignated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registi	ered agent and agree to act in thi	s capacity. I further a
	/s/ David Roberts			-
	(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: CHAIM ZIFFER □ Manager □Manager Name: Address: _ ■ Member □Member Address: SPRING VALLEY, NY, 10977 □ Authorized ☐ Authorized Person Person □Other___ □Other___ □Other □Other____ ■ Manager □Manager Name: Name: _____ Address: □Member □Member Address: □ Authorized ☐ Authorized Person Person □Other_ □Other □Other Other Manager □Manager Name: Name: _____ Address: Address: □Member □Member ☐ Authorized ☐ Authorized Person Person Other____ □Other_____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. /s/ CHAIM ZIFFER Signature of an authorized person

Exped or printed name of signee

CHAIM ZIFFER

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

GRANDVIEW EQUITIES USA LLC

DOS ID Number:

7330228

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

05/16/2024

Statement Status:

CURRENT

Statement Due Date:

05/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

ARTICLES OF ORGANIZATION

Date of Filing:

05/16/2024

Entity Name:

GRANDVIEW EQUITIES USA LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 01, 2024 at 01:04 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Hughan

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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