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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Email Address:__

Foreign Limited Liability Company **GRIPZ LLC**

擔条er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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- Page, 3 of 6 2024-12-11 14:17:31 PS1 LegalZoom.com, Inc. From. Melanie Ibarra

COVER LETTER

ro:	Registration Section Division of Corporation	s				
SURJI	GRIPZ LLC					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ited Liability (Company		-
		eign Limited Liability Company I to register the above reference				
Please	return all correspondence co	oncerning this matter to the follo	owing:			
	Mike Town					
		Name	of Person			-
	Legalzoom.com	. Inc.				
	 	Firmv	Company		•	-
	9900 Spectrum	Dr				
		Ac	ldress			-
	Austin, TX 787	17				
		City/State	and Zip Code			-
	ndaugherty@yaho	oo.com				
		E-mail address: (to be used for	future annual	report notifica	tion)	-
For fur	rther information concerning	this matter, please call:				
	Mike Town	at	800	773-0888		
	Name of	Contact Person	Arua Code	Daytime	Telephone Number	-
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations lection ng ve Center Circle	
	Enclosed is a check for the Please make check payable	e following amount: le to: FLORIDA DEPARTME	NT OF STA	ГЕ		
	S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

F836, 4 010 2024-12-11 14,17.01 ESGALZOGII, INC. 110/11, INDIANG ING.

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:

name unavuilable, enter alternate st	ame adopted for the purpose of transacting business in Fl	orida. The a	ternate name must include "Limited Liability Comp.	any," "L.L.C," or "L1 C."
Illinois		,	61-2196700	
(Jurisdiction under the law of w	nich foreign limited hability company is organized)	٥.	(FEI number, if applic	able)
	(Date first transacted business in Florida, if prior to (See Sections 605,0904 & 605,0905, F.S. to determ	registration une penalty	ability)	
660 Blazing Star Dr		660 Blazing Star Dr		
(Street Address of I	(Street Address of Principal Office)		(Mailing Address)	
Lake Villa, Illinois 600)46		Lake Villa, Illinois 60046	
				24
Name and street addres	s of Florida registered agent: (P.O. Box	N <u>OT</u> a	acceptable)	架C二
Name:	UNITED STATES CORPORATION	AGEN	TS. INC.	PH
Office Address:	476 Riverside Ave.	•		: 52
	Jacksonville		32202 . Florida	
	(City)		(Zip code)	

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.

Crik Treutlein

ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

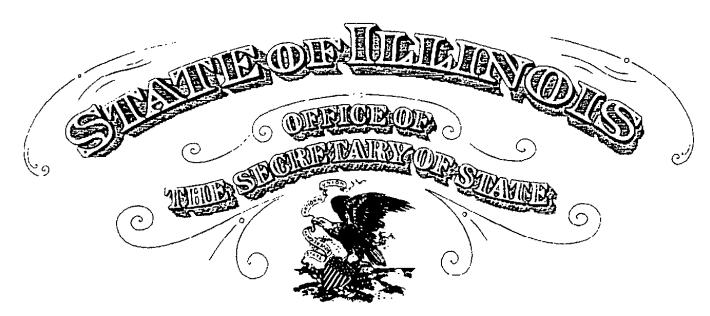
Manager		Title or Capacity	Name and Address:
	Name: Nathan Daugherty	Manager	Name:
■ Member	Address:	Member	Address:
Authorized	Lake Vila, Illinois 60046	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

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- Page. 3 016



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

GRIPZ LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 24, 2024. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this day of DECEMBER A.D.

Authentication #: 2434604090 verifiable until 12/11/2025

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE