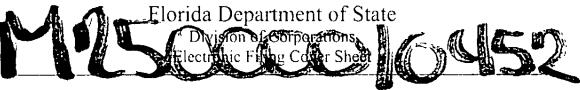
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000257392 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169 Fax Number : (239)418-0048

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

Email Address:\_\_\_

### Foreign Limited Liability Company Grimes Family Holdings, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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Fax: +12394180048

Page: 3 of 6

#### COVER LETTER

	imes Family Holdings. LLC	
	Name	of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Florida.
ise return all	correspondence concerning this matter to	the following:
	John T McGee III	
		Name of Person
	The Dorcey Law Firm, PLC	
		Firm/Company
	10181 Six Mile Cypress Pkwy Ste C	
		Address
	Fort Myers, FL 33966	
	Ci	ity/State and Zip Code
	support@dlfregisteredagent.com	
	E-mail address: (to be	used for future annual report notification)
further infor	mation concerning this matter, please cal	l:
John T	McGee III	239 418-0169 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
	2 Address:	Street Address:
_	ration Section	Registration Section
	on of Corporations	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Fallah	assec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Fax: +12394180048

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FO	HLOWING IS SUBMITHE	) TO REGISTER A FOREJON	TAMITTED LEABITED
COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:			

		la. The alternate name must include "Lumited Liability Co	, .	
Wyoming		39-3339393 - 3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if appl	icable)	_
<del></del>	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	stration ) senalty liability)		
403 Front St.		403 Front St.		
neet Address of Principal Office)	<del></del>	6. (Mailing Address)		-
Port St. Joe, FL 32456		Port St. Joe, FL 32456	2	=
			\ \tag{2}	
	<del></del>		رد.	- 3, <u>3</u>
Name and street address	ss of Florida registered agent: (P.O. Box 💆	<u>(OT</u> acceptable)		:: <u>::</u>
Name:	DLF Registered Agent Service, LLC	<del></del>	<u>ه</u> ک	- ज्ञाः 
Office Address:	10181 Six Mile Cypress Pkwy Sie C			
	Fort Myers	33966 , Florida(Zip code)		
	(City)	(Zip code)		

/s/ Michael A. Scott

(Registered agent's signature)

Title or Capacity;	Name and Address:	<u>Title or Capacity:</u>	Name and Address
■Manager	Name: Mark B. Grimes	■Manager	Name: Brenda I. Grimes
□Member	Address: 403 Front St.	□Member	Address: 403 Front St.
□Authorized	Port St. Joe, FL 32456	□Authorized	Port St. Joe, FL 32456
Person		Person	
□Other	Other	[]Other	Other
□Manager	Name:	∐Manager	Name:
□Membor	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

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.

AMark B. Grimes	
	Signature of an authorized person
Mark B. Grimes	

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming. do hereby certify that according to the records of this office,

### Grimes Family Holdings, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 22**, **2025**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2025-001726744**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports: and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of July, 2025 at 3:01 AM. This certificate is assigned ID Number 087296939.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.