

M20000002477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W200000014556

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03/04/20--01010--001 **777.50

01/30/20--01000--012 **160.00

ALLIANCE FLORIDA

2020 MAR -2 PM 12:29

FILED

45

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2020

DAVID MILES
931 MONROE DR NE
SUITE A102-340
ATLANTA, GA 30308

SUBJECT: GRAYSHIFT, LLC
Ref. Number: W20000014556

We have received your document for GRAYSHIFT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 720A00003165

RECEIVED
MAR 02 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grayshift, 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:

David Miles

Name of Person

Grayshift, LLC

Firm/Company

931 Monroe Dr. NE Suite A102-340

Address

Atlanta, GA 30308

City/State and Zip Code

legal@grayshift.com

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

2020 MAR -2 PM 12:29
TALLAHASSEE, FLORIDA

OFFICE

For further information concerning this matter, please call:

Sarah Wintersgill

833

472-9539 ext. 711

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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. Grayshift, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. 81-3806753
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. August 07, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1011 Mansell Rd NE 6. 931 Monroe Dr NE
(Street Address of Principal Office) (Mailing Address)
Roswell GA 30076 Suite A102-340
Atlanta GA 30308

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

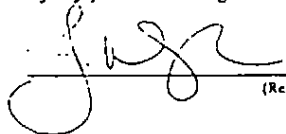
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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.



Jennifer M. McCullough - Asst. VP

(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:

☐ Manager Name: David Miles

☐ Member Address: 1475 Lake Forest Lane

☐ Authorized McDonough GA 30253

Person _____

☒ Other Co-Founder ☐ Other _____

☐ Manager Name: Braden Thomas

☐ Member Address: 507 Etris Court

☐ Authorized Roswell GA 30075

Person _____

☒ Other Co-Founder ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Justin Fisher

☐ Member Address: 221 Indian Hills Court

☐ Authorized Marietta GA 30068

Person _____

☒ Other Co-Founder ☐ Other _____

☐ Manager Name: Sean Larsson

☐ Member Address: 426 Bantam Lake Road

☐ Authorized Bantam CT 06750

Person _____

☒ Other Co-Founder ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

2020 MAR -
ALLA...
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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, for a document that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.


Signature of an authorized person

David Miles
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GRAYSHIFT, 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 FOURTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAYSHIFT, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6143296 8300

SR# 20205499432

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203047212

Date: 06-04-20