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T. LEMIEUX FEB 19 2025

COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC	Grunt Inc. a Delaware Corpora	ation		
502080		f corporation	- must include suffix	
Dear Sir o	от Madam:			
"Certificat	sed "Application by Foreign Corte of Existence," or "Certificate of tened foreign corporation to tra	of Good Stanc	ling" and check are subr	
Please reti	urn all correspondence concernin	g this matter	to the following:	
Martin Ho	rak			
		Name of F	Person	
Grunt Inc.				
		Firm/Comp	pany	
13106 Aga	ive Street			
		Addre	SS	
Panama Ci	ity Beach, FL 32407			
		City/State an	d Zip code	,
mhorak@t	rygrunt.com			
	E-mail address:	(to be used for	or future annual report n	otification)
For furthe	r information concerning this ma	tter, please ca	ıll:	
Martin Ho		850 at (7758761	
N	lame of Person	Area Code	Daytime Teleph	ione Number
Ro D: Th 24	TREET/COURIER ADDRESS egistration Section ivision of Corporations ne Centre of Tallahassee 115 N. Monroe Street, Suite 810 allahassee, FL 32303	:	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Please mak	is a check for the following amou e check payable to: FLORIDA DE	PARTMENT		
\$70.00	Filing Fee		\$78.75 Filing Fee & Certified Copy	**S7.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Grunt Inc.			
••		orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	TryGrunt Inc.			
	(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting be	usiness in Florida)
2.	Delaware			
	(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	able)
4.	9-13-2024	5		
ᡇ.	(Date	of incorporation)	(Date of duration, if other than	perpetual)
6.	N/A			
σ.		(Date first transacted business in Fl	orida, if prior to registration)	-
		(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty hability)	
7.	13106 Agave Str	eet, Panama City Beach, FL 32407		
		(Principal office	street address)	
	95 Slalom Way,	Santa Rosa Beach, FL 32459		207
		(Current mailing a	ddress, if different)	-13
8.	Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	
	Name:	Martin Horak	_	: :
Of	ffice Address:	13106 Agave Street		্ট লে
		Panama City Beach	— . Florida ³²⁴⁰⁷	Ú
		(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	•					
□Chairman	Martin Horak Name:	□Chairman	Name: Kyle K. Petit			
□Vice Chairman	Address:	□Vice Chairman	95 Slalom Way Address:			
■ Director	Panama City Beach, FL 32407	■ Director	Santa Rosa Beach, FL 32459			
□President		□President				
□Vice President		□Vice President				
☐Secretary	■Treasurer	Secretary	□Treasurer			
Other	Other	□Other	□Other			
□Chairman	Name:	□ Chairman	Name:			
	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
•		•				
Other	Other	Other				
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President	~ <u></u>			
☐Secretary	□Treasurer	□Secretary	□Treasurer			
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.						
12.	Signature of Director or					
	Signature of Director of	r Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.						
13	MARTIN HOI	RAK				
(Typed or printed name and capacity of person signing application)						

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Delaware The First State

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE
OF DELAWARE, DO HEREBY CERTIFY "GRUNT INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRUNT INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

Kristopher E. Knight, Acting Secretary of State
Authentication: 202785486

Date: 01-27-25

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