00001478

(Requestor's	Name)
(Address)	
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PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	per:
-	

Office Use Only

4099 W140000020049



800256498828



ACCOUNT NO. : 12000000195

REFERENCE

7818071

AUTHORIZATION C

COST LIMIT

ORDER DATE: March 28, 2014

ORDER TIME : 2:55 PM

ORDER NO. : 075087-005

CUSTOMER NO: 7818071

FOREIGN FILINGS

NAME: FLATOUT, INC.

	*	- 100 P
XXXX QUALIFICATION (TYPE: <u>CO</u>)	MAR	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	28	
CERTIFIED COPY	2	0880 1980
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	8: 45	RATIO
		25

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2014

CSC NETWORKS ATTN: SUSIE KNIGHT RESUB VIT Please give original submission date as file date.

SUBJECT: FLATOUT, INC. Ref. Number: W14000020049

We have received your document for FLATOUT, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 114A00006748

SECRETARY OF STATE DIVISION OF CORPORATIONS



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.

	orp," "Inc," "Co," or "Corp.")			
Flatout Flatbre	ad Inc			
II name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florid		
Delaware		3.		
State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
12-7-2009		perpetual 5.		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual		
04/14/2014		·		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
422 Woodland	Dr. Saline MI 48176	1302, (13., to determine penalty hanney)		
,	(Principal office ad	Mrace		
422 Woodland	Dr Saline MI 48176			
· · · · · · · · · · · · · · · · · · ·	(Current mailing ad	idress)		
	,			
OUTSIDE SAL	ES .			
		country to be carried out in state of Florida)		
(Purpose(s)) of corporation authorized in home state or c	country to be carried out in state of the country		
•) of corporation authorized in home state or c t address of Florida registered agent: (P	O. Box NOT acceptable)		
Name and <u>stree</u>	•	O. Box NOT acceptable)		
•	t address of Florida registered agent: (P Corporation Service Company	O. Box NOT acceptable)		
Name and <u>stree</u>	t address of Florida registered agent: (P	P.O. Box NOT acceptable)		
Name and <u>stree</u> Name:	t address of Florida registered agent: (P Corporation Service Company	P.O. Box NOT acceptable)		
Name and <u>stree</u> Name:	t address of Florida registered agent: (P Corporation Service Company 1201 Hays Street	2.O. Box NOT acceptable)		

11. 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.

(Registered agent's signature)

Assistant Vice President

12. Names and business addresses of officers and/or directors: A. DIRECTORS 14 MAR-28 AM 8: 45 Dennis Jenson Chairman: 1422 Woodland Dr Saline MI 48176 Address: Jon Canarick Vice Chairman: 1422 Woodland Dr Saline MI 48176 Áddress: Lou Marinaccio Director: 1422 Woodland Dr Saline MI 48176 Address: Stacey Marsh 1422 Woodland Dr Saline MI 48176 Address: B. OFFICERS Stacey Marsh President: 1422 Woodland Dr Saline MI 48176 Address: Michael Marsh Vice President: Lou Marinaccio Secretary: 1422 Woodland Dr Saline MI 48176 Address: Kathy Capelli Treasurer: 1422 Woodland Dr Saline MI 48176 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

Kathy Capelli Treasurer

	Title Director Director Director
rd of Directors	
Flatout, Inc. Board of Directors	Name Chip Baird Jason Duzan Michael Marsh
Flato	Name Chip Bai Jason Du Michael I

555	1422 Woodland Dr. Cat.	Poodland D. Saline MI 48176	1422 Woodland or Saline MI 48176	Saline MI Agaza	A/Tot:
Address	1422 W	1422 WC	1422 Wo		
1					

14 MAR 28 AM 8: 45

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLATOUT, 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-EIGHTH DAY OF MARCH, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLATOUT, INC." WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2009.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SELALIARY OF STATE
SELALIARY OF STATE
SELALIARY OF STATE

4761056 8300

140398335

Jeffrey W Bullock, Secretary of State

AUTHENT CATION: 1249135

DATE: 03-28-14

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