

M15000000726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500268417215

500268417215
01/16/15--01015--004 **160.00

FILED
15 JAN 16 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Bureau JAN 29 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AKON, 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:

SCOTT FULLERTON

Name of Person

AKON, LLC

Firm/Company

222 S. 3RD ST.

Address

FERNANDINA BEACH, FL 32034

City/State and Zip Code

scott@akonllc.com

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

For further information concerning this matter, please call:

SCOTT FULLERTON

Name of Contact Person

at (**989**)

Area Code

414-1209

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:

\$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
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. AKON, LLC

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

2. MICHIGAN

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-3212867

(FEI number, if applicable)

4. _____

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

5. 222 S. 3RD ST.

FERNANDINA BEACH, FL 32034

(Street Address of Principal Office)

6. 222 S 3RD ST.

FERNANDINA BEACH, FL 32034

(Mailing Address)

FILED
15 JAN 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

SCOTT FULLERTON, MEMBER

222 S. 3RD ST.

FERNANDINA BEACH, FL 32034

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

SCOTT FULLERTON

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

AKON, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

SCOTT FULLERTON

(Name)

222 S. 3RD ST.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

FERNANDINA BEACH

FL 32034

City/State/Zip

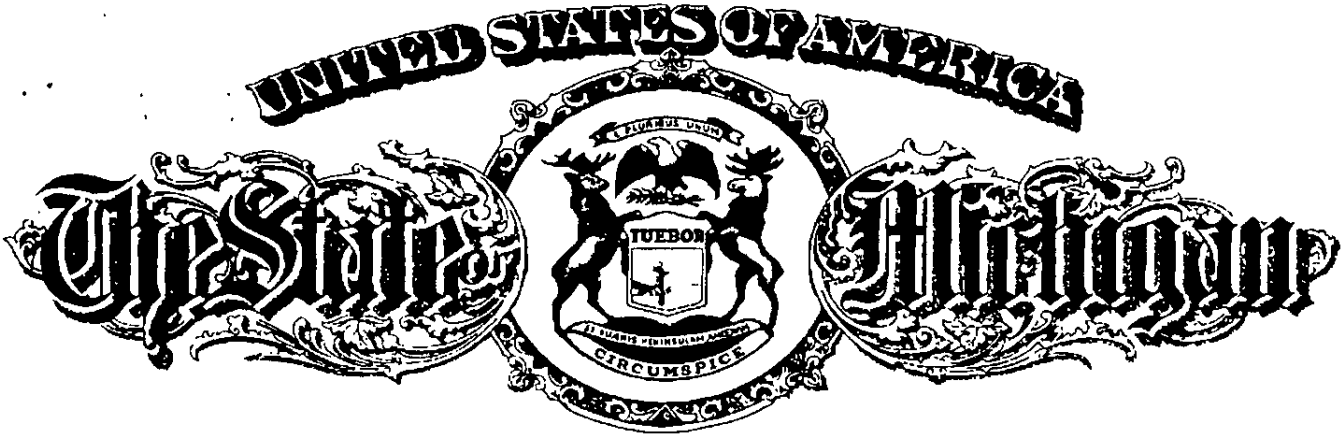
FILED
15 JAN 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

AKON LLC

15 JAN 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

was validly organized on September 24, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 2nd day of January, 2015

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau