118000006768

(Requestor's Name)					
(Address)					
(Address)					
(0	Dity/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					





200314939822

UB/25-1d -d)15-c -tm2 **86.5c

07/19/18--01021--006 *+73.50

18 JUL 19 PM 5: 52

K SALY JUL 24 2018



June 27, 2018

BRIAN MONAWECK 1632 MICHIGAN AVE E BATTLE CREEK, MI 49014

SUBJECT: MIDWEST POWERLINE, LLC

Ref. Number: W18000059798

We have received your document for MIDWEST POWERLINE, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The designation of the registered agent must be at a Florida street address.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Jenna D Harris Regulatory Specialist II

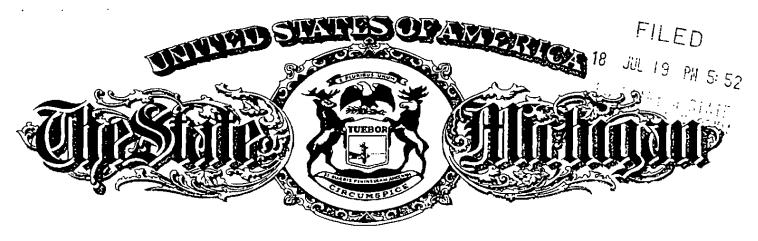
Letter Number: 418A00013424

COVER LETTER

TO: Registration Section Division of Corporation	ons			
SUBJECT:	Midwest Po Name of L	werlin	e LL(Company	<u> </u>
				nsact Business in Florida," Certificate of company to transact business in Florida.
Please return all correspondence	concerning this matter to the f	following:		
	Brian Mo Na idwest Pave		, LC	
	Fir	m/Company		
\\43	a Michigan Av	e E Address	- 	
B	ttle Creek, M1	49014 ate and Zip Code		
	Ole Quidwest	Powerling for future annual	ne. CON Treport noti	fication)
For further information concerning				
Bran	Monaweck of Contact Person	at (He) Area Code	_) <u>_7</u> _ Dayı	9 - 2230 time Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bu 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 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 "L. C.") nsacted business in Florida, if prior to registration) 605 0904 & 605 0905, F.S. to determine penalty liability) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT agreeptable) Name: Office Address: . Florida 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; Name and Address: Title or Capacity: (Use attachments if necessary) 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 clony as provided for in s.817.155, F.S. Signature of an authorized person



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MIDWEST POWERLINE, LLC

was validly authorized on February 23, 2015, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and 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 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.



Sent by electronic transmission

Certificate Number: 18044416480

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 5th day of April, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau