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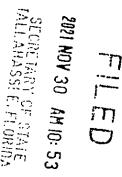
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## **COVER LETTER**

TO:

**Registration Section** 

SUBJECT:	2042 ENTERPRISES, LLC	
	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	nall correspondence concerning this matter t	o the following:
	MICHAEL SHAW	
		Name of Person
	_	
		Firm/Company
	46000 PICKFORD CT	
		Address
	NORTHVILLE, MI 48168	
	C	ity/State and Zip Code
	MSHAW070901@GMAIL.COM	
	E-mail address: (to be	e used for future annual report notification)
For further is	nformation concerning this matter, please ca	11:
MI	CHAEL SHAW	248 568-6171 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
Rep Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

## 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. 2042 ENTERPRISES, I	LLC Limited Liability Company; must include "Limit	177. W	169-9765		
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company, L	.L.C., or LLC.		
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in E	florida. The alternate name mi	ast include "Limited Li	ability Company," "L.L.C," or "LLC	
MICHIGAN		3.			
2. (Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI numb	I number, if applicable)	
11/12/2021					
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)			
46000 PICKFORD COURT 5.		46000 PICK	FORD COURT		
(Street Address of Principal Office)		(Mailing /	Address)		
NORTHVILLE, MI 48167		NORTHVILLE, MI 48167			
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		<b>202</b> : SEI FALLI	
				PO NOV 30 SECRETARY ALLIAHASSE	
Name:	GREGORY J. BARBER			IOV 30	
om	780 13th Ave So., Unit B-3			<u> </u>	
Office Address:		-	24100	MO:5	
	Naples	, Flor		<b>55</b>	
	(City)		(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.

degistered 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: Title or Capacity: Name and Address: MICHAEL SHAW □Manager Name: □Manager Name: Address: 46000 PICKFORD CT ■Member □Member Address: NORTHVILLE, MI 48168 ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ □Ot<u>her</u> □Other\_\_\_\_ □Other\_\_\_\_\_ Name: □ Manager Name: □Manager □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_ □Other\_\_\_\_\_ □Other □Other\_\_\_\_\_ Name: \_\_\_\_ Name: \_\_\_\_\_ □Manager □Manager ☐Member Address: ☐ Member Address: □Authorized ☐ Authorized Person Person □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.

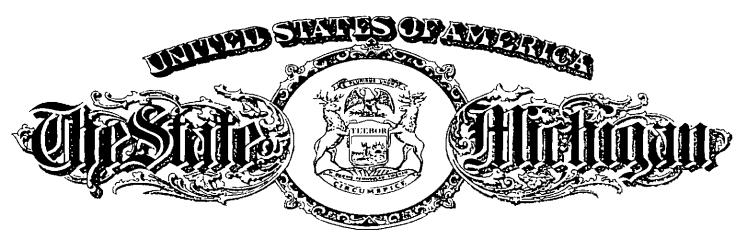
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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 felony as provided for in s.817.155, F.S.

Signature of an authorized person

MICHAEL SHAW

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That 2042 ENTERPRISES, LLC

was validly authorized on November 18, 2021, 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.

TITEMEN & Commercial Line

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of November, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 21110496303