

M23000004965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

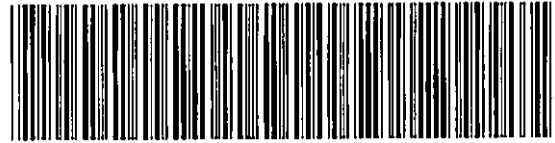
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W230000049870

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SECRETARY OF STATE
CLERK MASSIE P. GRIFFIN

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M. SOLOMON

APR 18 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Springs Hospitality, 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:

Joel Yono
Name of Person
Coral Springs Hospitality, LLC
Firm/Company
2600 Auburn Road, Suite 240
Address
Auburn Hills, MI 48326
City/State and Zip Code
joel@mwlodging.com
E-mail address: (to be used for future annual report notification)

FLORIDA DEPARTMENT OF STATE
TALLHASSEE, FLORIDA

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For further information concerning this matter, please call:

Joel Yono at (248) 419-5556
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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 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. Coral Springs Hospitality, 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. 92-2052201
(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. 2600 Auburn Road
(Street Address of Principal Office)

Suite 240

Auburn Hills, MI 48326

6. 2600 Auburn Road
(Mailing Address)

Suite 240

Auburn Hills, MI 48326

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Fady Asmar

Office Address: 620 N. University Dr.

Coral Springs, Florida 33071
(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.

Fady Asmar
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:**

Manager Name: Malik Abdulnoor

Member Address: 2600 Auburn Rd., Suite 240

Authorized Auburn Hills, MI 48326

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Sahir Malki

Member Address: 4700 Lasher Road

Authorized Bloomfield Hills, MI 48302

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

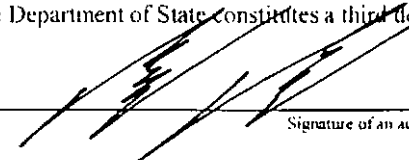
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 DEPARTMENT OF STATE
 CLERK ASSISTANT GENERAL

FILED

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.

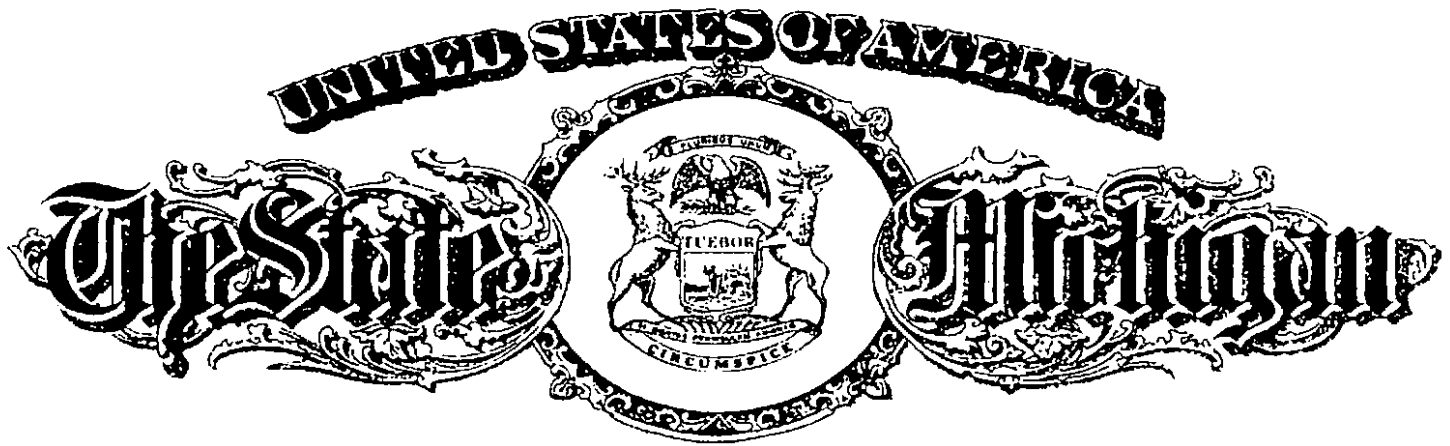
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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
 Malik Abdulnoor

 Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CORAL SPRINGS HOSPITALITY, LLC

was validly authorized on February 3, 2023, 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.



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 9th day of March, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23030198604

Joel F. Yono, Esq.
2600 Auburn Road, Suite 240
Auburn Hills, Michigan 48326
Phone: (248) 419-5556
joel.yono@mwlodging.com

April 17, 2023
Via Email

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

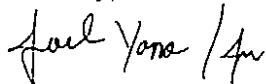
**Re: Coral Springs Hospitality, LLC Statement of No Intention to Revoke Dissolution
Ref. Number W23000049870**

Dear Florida Department of State,

I currently represent Coral Springs Hospitality, LLC a Michigan limited liability company (“**Coral Springs**”). Coral Springs originally incorrectly filed with the State of Florida to be a Florida limited liability company, instead of filing an “Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.” Because of this incorrect filing, Coral Springs voluntarily dissolved its business entity with the state. Coral Springs has no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Should you have any questions or comments regarding the above, please do not hesitate to contact me.

Sincerely,



Joel F. Yono

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2023

JOEL YONO
2600 AUBURN ROAD
SUITE 240
AUBURN HILLS, MI 48326

SUBJECT: CORAL SPRINGS HOSPITALITY, LLC
Ref. Number: W23000049870

We have received your document for CORAL SPRINGS HOSPITALITY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 123A00008084