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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Irish Roofing of Michigan 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:

David Edsenga  
Name of Person

Irish Roofing of Michigan LLC  
Firm/Company

6640 28th St. SE, Suite 2  
Address

Grand Rapids, MI 49546  
City/State and Zip Code

info@irishroofs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Edsenga    616                          520-5245  
Name of Contact Person                          at (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. Irish Roofing of Michigan, 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 87-3805090
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/15/2024
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 6640 28th St. SE, Suite 2 6640 28th St. SE, Suite 2
(Street Address of Principal Office) (Mailing Address)
Grand Rapids, MI 49546 Grand Rapids, MI 49546

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

Name: Larry Sidebotham
Office Address: 28290 Old 41 Road, Suite 7
Bonita Springs, Florida 34135
(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.

(Registered agent's signature)

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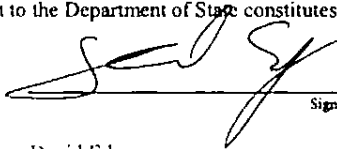
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Larry Sidebotham</u>	<input type="checkbox"/> Manager	Name: <u>Chris Flatley</u>
<input type="checkbox"/> Member	Address: <u>28290 Old 41 Road</u>	<input type="checkbox"/> Member	Address: <u>6640 28th St. SE, Ste. 2</u>
<input type="checkbox"/> Authorized	<u>Bonita Springs, FL 34135</u>	<input checked="" type="checkbox"/> Authorized	<u>Grand Rapids, MI 49546</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>David Edsenga</u>	<input type="checkbox"/> Manager	Name: <u>Chelsea Bednarek</u>
<input type="checkbox"/> Member	Address: <u>6640 28th St. SE, Ste. 2</u>	<input type="checkbox"/> Member	Address: <u>6640 28th St. SE, Ste. 2</u>
<input checked="" type="checkbox"/> Authorized	<u>Grand Rapids, MI 49546</u>	<input checked="" type="checkbox"/> Authorized	<u>Grand Rapids, MI 49546</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

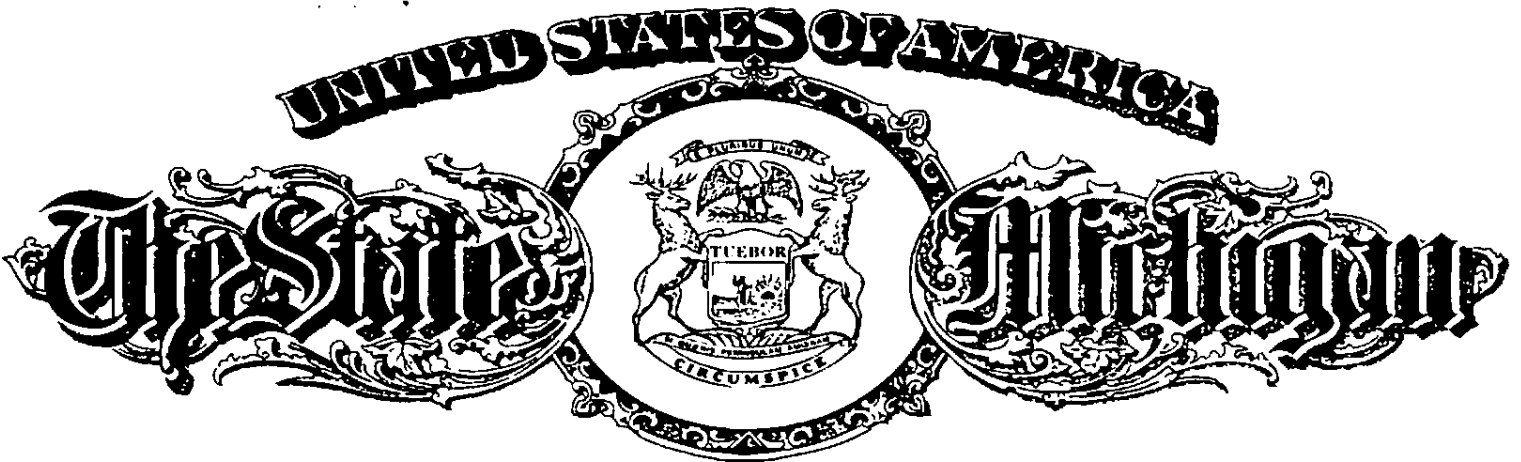
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

David Edsenga  
\_\_\_\_\_  
Typed or printed name of signee



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**IRISH ROOFING OF MICHIGAN, LLC**

*was validly authorized on November 29, 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.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of March, 2024.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 24030094705