

5/5/22, 2:11 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**Foreign Limited Liability Company**  
**1030 CORONADO CT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 MAY -5 PM 3:22

2022 MAY -5 AM 9:44

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MAY 05 2022

K. Brumbley

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

IN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1030 Coronado Ct, 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. \_\_\_\_\_  
(LLC number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.064 & 605.0905, F.S., to determine penalty liability)

5. 954 Penniman Ave.  
(Street Address of Principal Office)

6. 954 Penniman Ave.  
(Mailing Address)

Plymouth, MI 48170

Plymouth, MI 48170

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

Name. C T Corporation System

Office Address. 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

APPROVED  
AND  
FILED  
2022 MAY -5 AM 9:44  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, 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.

*Stephanie Henry*

Stephanie Henry, Assistant Secretary

(Registered agent's signature)

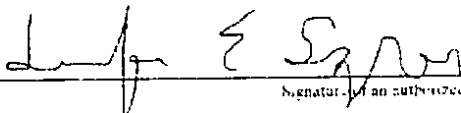
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Jennifer E. Sgroi</u>	<input type="checkbox"/> Manager	Name: <u>Jennifer E. Sgroi</u>
<input type="checkbox"/> Member	Address: <u>954 Penniman Ave.</u>	<input checked="" type="checkbox"/> Member	Address: <u>954 Penniman Ave.</u>
<input type="checkbox"/> Authorized	<u>Plymouth, MI 48170</u>	<input type="checkbox"/> Authorized	<u>Plymouth, MI 48170</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>Deborah Kim Donnelly</u>	<input type="checkbox"/> Manager	Name: <u>Michael Chene Donnelly</u>
<input checked="" type="checkbox"/> Member	Address: <u>18429 Stoneridge Ct.</u>	<input checked="" type="checkbox"/> Member	Address: <u>18429 Stoneridge Ct.</u>
<input type="checkbox"/> Authorized	<u>Northville, MI 48168</u>	<input type="checkbox"/> Authorized	<u>Northville, MI 48168</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.

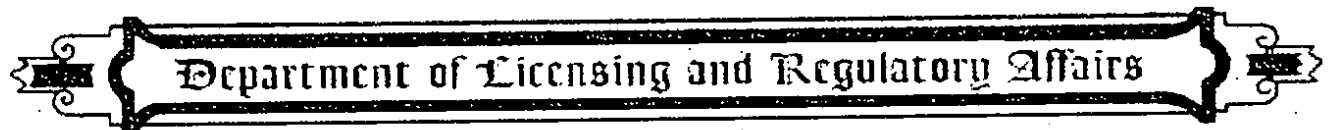
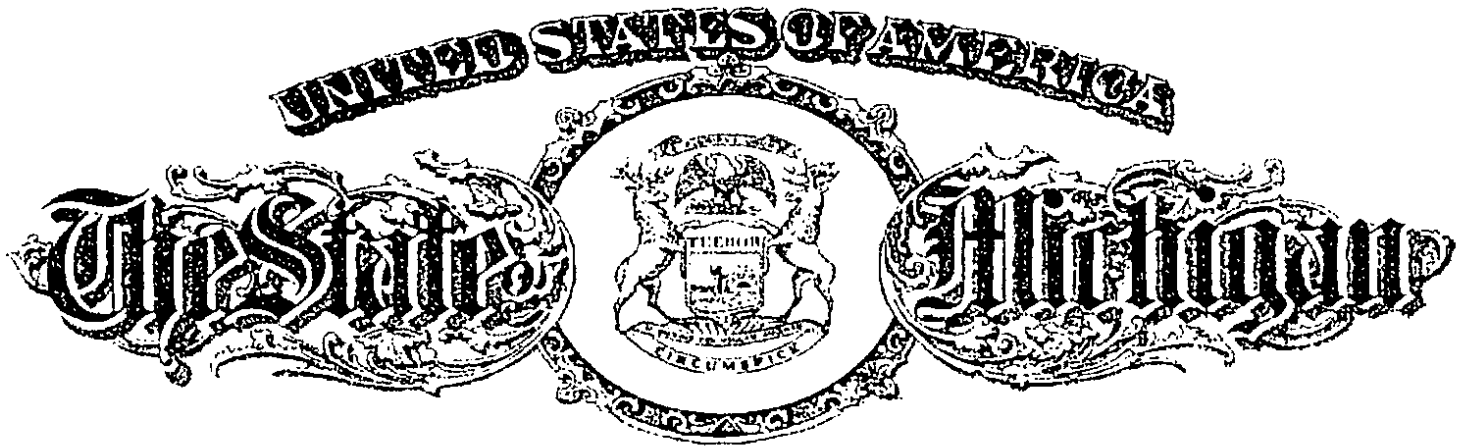
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

Jennifer E. Sgroi

Typed or printed name of signer



Lansing, Michigan

This is to Certify That

1030 CORONADO CT, LLC

was validly authorized on May 2, 2022, 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 4th day of May, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22050113602

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.