## F23000006940

•
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## **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SURI	ECT: Developmen	t Partners Inc				
., C D0		Name of corporation -	must include suffix			
Dear S	ir or Madam:					
"Certif	icate of Existence,"	by Foreign Corporation for A or "Certificate of Good Standiorporation to transact business	ing" and check are subm			
Please	return all correspon	dence concerning this matter to	o the following:			
Kathy 8	Makino					
_		Name of Pe	erson			
Develo	pment Partners Inc					
	· · · · · · · · · · · · · · · · · · ·	Firm/Comp	any			
8445 E	. Jefferson					
		Addres	S			
Detroit	. Michigan 48214					
		City/State and	l Zip code			
kathy@	shelbornedevelopme					
		E-mail address: (to be used for	r future annual report no	tification)		
For fur	ther information co	ncerning this matter, please cal	11:			
Kathy M	Makino	at ( <sup>734</sup>	905-8323			
	Name of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r	nake check payable to	_	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		

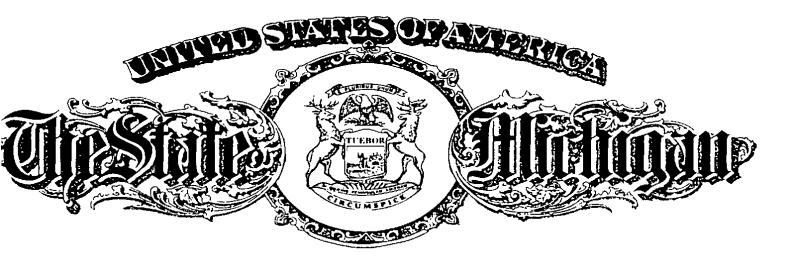
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	VOV Partners Inc.  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Michigan	·	800012727					
	y under the law of which it is incorporated)	(FEI number, if applicable)					
7/28/1993	5.	Perpetual					
	of incorporation)	(Date of duration, if other than perpetual)					
N/A							
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)					
8445 E. Jefferson	Ave, Detroit, MI 48214	302, 1.3., to determine perarry hability)					
		fice street address)					
N/A	(11110)						
	(Current maili	ng address, if different)					
		20					
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)					
Name:	Kathy Makino						
ffice Address:	3175 S Congress Ave #310	8					
mice Address.	Palm Springs						
	(City)	Florida					
	(eny)	(Zip code)					
Registered ag	ent's acceptance:	to the control of the					
• • • • • • • • • • • • • • • • • • • •		ice of process for the above stated corporation at the process for this capa					
• •	application, I hereby accept the appoint	ment as registered agent and agree to act in this capa					

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:631 Illinois Ave Address:				
□Vice Chairman	Address: 3175 S Congress Ave #310						
Director	Palm Springs, FL 33461	□Director	Green Lake, WI 54941				
President		□President					
□Vice President		■Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other					
□ Chairman	Mark Leipsitz	□Chairman	Stephen Toyra Name:				
□Vice Chairman	Address:	∐Vice Chairman	Address:				
□Director	Detroit, MI 48214	□Director	Apt 304, Fort Lauderdale, FL 33316				
□President		□President					
■ Vice President		□Vice President					
□Secretary	□Treasurer	<b>■</b> Secretary	□Treasurer				
□Other	Other	Other	Other				
□Chairman	Harry Leipstiz	□Chairman	Name:				
	1749 Terra cotta		Address:				
□Director	Chicago, IL 60614	Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	■Treasurer	☐Secretary	□Treasurer				
□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.							
12.	Signature Director or	Officers					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.  Kathy Makino							



## Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That

DEVELOPMENT PARTNERS, INC.

was validly incorporated on July 28, 1993 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

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.

TI FROM A COMMERCIAL HEAVEN

Sent by electronic transmission

Certificate Number: 23110250806

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of November, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau