## F0700000141

(F	Requestor's Name)			
(A	Address)			
(P	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to	o Filing Officer:			

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## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: Commercial Construction Incorporated (Name of corporation - must include suffix)				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:  Nobert Garcia				
(Name of Person)  Commercial Construction Incorporated  (Firm/Company)  2239 Fyhe Drive				
(Address)				
Milford M= 48381				
(City/State and Zip code)				
For further information concerning this matter, please call:				
(Name of Person) at (248) (85 3263 (Area Code & Daytime Telephone Number)				
(Figure 67 February)				
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section				
Division of Corporations Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy				

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

	E WITH SECTION 607.1503, FLORIDA STA PREIGN CORPORATION TO TRANSACT BU		
1. Comm	ercial Construction !	ncorporated	
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," 'Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	71 *
<u>Omme</u> (If name unavai	Mind Construction Inco	Of POTA HEAL OF MA opted for the purpose of transacting	chigan business in Florida)
	<u>iQQN</u> 3	38-29392	87
(State or country	under the law of which it is incorporated)	(FEI number, if appli	cable)
• • • • • • • • • • • • • • • • • • • •	<u>ne 5, 1990</u>	<u> </u>	539
(Date	e of incorporation) (	Duration: Year colp. will cease to	exist or "perpetual")
6	(Date first transacted business in F	lorida, if prior to registration)	· ·
4	(SEE SECTIONS 607.1501 & 607.1502	. F.S., to determine penalty liability	0 0 0 0 1
7. <u>Comme</u>		2. 2239 Fyhe D	e Muford 1 tz 48381
	(Principal office addres	s)	·
	(Current mailing addres	s	
Λ	(55),511,112,112,112,112		~
8. <u>CONS</u> 7	Inction work		<u> </u>
(Purpose(	s) of corporation authorized in home state or coun	try to be carried out in state of Flori	ida) AR C III
9. Name and <u>stree</u>	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	
Nume:	CI Corporation System		M2 9
Office Address:	1200 S.Pine Island Road		PH 3:
	Plantation	, Florida <u>33324</u>	20 20
	(City)	(Zip code)	
Having been nam designated in this Turther agree to c	gent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes related with and accept the obligations of my positions.	nt as registered agent and agree tive to the proper and complete	to act in this capacity. I
	•	ssica M. Eisele	

11. 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.

Asst. Secretary

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
7.44.000
Discourse and the second secon
Director:
Address:
Director:
Address:
B. OFFICERS
President: MOBELL Gascia
Address: 2239 FVNE Drive
Milford Mi 48381
Dening Garcaia
2020 Filhe David
Address: $\frac{239 FVNCDUC}{MVC-ndV}$
MULTIPOL III 40 38/
Secretary: Megina Garcia
Address: (above)
Treasurer: HOBER GORCIO
Address: (about)
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Director or Officer listed in number 12 of the application)  14  PRESIDENT
14. Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

## COMMERCIAL CONSTRUCTION INCORPORATED

a Michigan profit corporation was validly incorporated on June 5, 1990, 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, as amended, 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of December, 2006.

, Director

Bureau of Commercial Services

**GOLD SEAL APPEARS ONLY ON ORIGINAL**