

F140000002530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

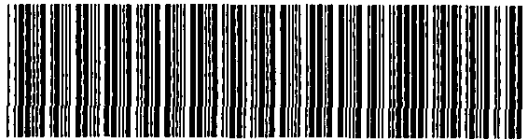
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUN 11 PM 2:58

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Michigan City Auto Sales, Inc.  
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," or "Certificate of Good Standing" 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:

Jennifer L. Hulse

Name of Person

The Hulse Law Office, PA

Firm/Company

624 Whitehead St.

Address

Key West, FL 33040

City/State and Zip code

jhulse@hulselawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L. Hulse

Name of Person

at ( 305 ) 292-7771

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2014

JENNIFER L. HULSE  
624 WHITEHEAD ST  
KEY WEST, FL 33040

SUBJECT: MICHIGAN CITY AUTO SALES, INC.  
Ref. Number: W14000031842

We have received your document for MICHIGAN CITY AUTO SALES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete principal place of business address.,

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 814A00010919

**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.

1. **Michigan City Auto Sales, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Indiana**

(State or country under the law of which it is incorporated)

3. **27-4548401**

(FEI number, if applicable)

4. **1/11/11**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **1910 N. Roosevelt Dr. Key West, FL 33040**

(Principal office address)

**700 E. US 20, Michigan City, IN 46360**

(Current mailing address)

8. **Any lawful purpose**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Jennifer L. Hulse**

Office Address: **624 Whitehead St.**

**Key West**

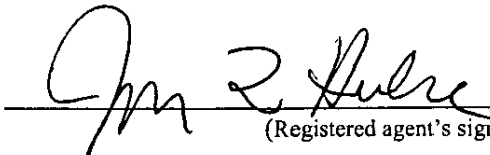
(City)

, Florida **33040**

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

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.

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DIVISION OF CORPORATE AFFAIRS  
JUN 11 2011

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

**A. DIRECTORS**

Chairman: Tom Crane

Address: 700 E. US 20  
Michigan City, IN 46360

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Tom Crane

Address: 700 E. US 20  
Michigan City, IN 46360

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: DONALD SPANGLER

Address: 9701 S. 78<sup>th</sup> AVE #200 HICKORY HILLS IL 60457

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Tom Crane*  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Tom Crane, P  
(Typed or printed name and capacity of person signing application)

RECEIVED  
DIVISION OF PROBATION  
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STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

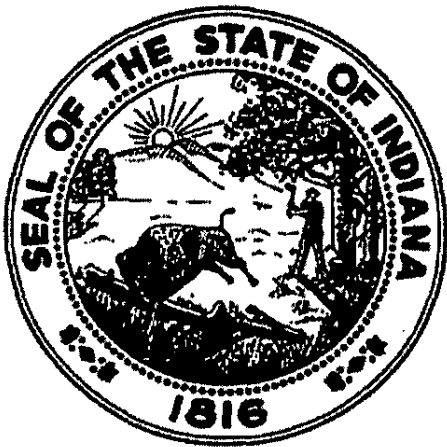
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**MICHIGAN CITY AUTO SALES, INC.**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 11, 2011, and was in existence or authorized to transact business in the State of Indiana on May 09, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of May, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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