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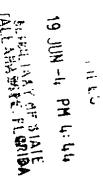
(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
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(Bu	siness Entity Nar	me)	
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Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

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B KINSEY

COVER LETTER

TO:	Registration Section Division of Corporations		
SHDI	Marysville Marine Distributors, Inc	c.	
SUD		poration - must include suffix	
Dear S	Sir or Madam:		
"Certi		abon for Authorization to Transact Business in Florida," igod Standing" and check are submitted to register the ct business in Florida.	
	return all correspondence concerning the ew Harvey	is matter to the following:	
	7	Name of Person	
Marys	ville Marine Distributors, Inc.		
	ŀ.	irm/Company	_
1551	dichigan Avenue		
		Address	
Marys	ville, MI 48040	1	
	Cit	y/State and Zip code	
nyelei	eich@marysvillemarine.com	wistate and zip code	
	E-mail address: (to	be used for future annual report notification)	
For fu	rther information concerning this matter.	please call: 990-1240	יין כי יי
Matth	ew Harvey 8 at (·	
	Name of Person A	Area Code Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	sed is a check for the following amount: 0.00 Filing Fee	e & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee	

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.	Marysville Maria	ne Distributors, Inc.					
••	(Enter name of co	orporation; must include "INCORPOI orp," "Inc," "Co," or "Corp.")	RATED.	." "COMPANY," "CORPORATION	,	-	_
	Marysville Mari	ne Distributors, Inc.					
	(If name unavaila	ible in Florida, enter alternate corpora	ate name	adopted for the purpose of transacting	g business in	Florida	ı)
2.	Michigan, USA			38-2023399			
	(State or country	y under the law of which it is incorpo	rated)	(FEI number, if ap	plicable)		
4.	September 28, 1	973	5.			_	_
	(Date	of incorporation)		(Date of duration, if other	than perpetua	l)	
6.	June 1, 2019	·					
٠.		(Date first transacted b	usin ė ss i	in Florida, if prior to registration)		-	
		(SEE SECTIONS 607.1501	& 607.1	1502, F.S., to determine penalty liabili	ty)		
	1551 Michigan A	venue, Marysville, MI 48040					
7.							
			(Princi	ipal office address)			
	P.O. Box 126, M	arysville, MI 48040					
		(Curr	ent mail	ing address, if different)	2 (40	19	_
		, .					
R	Name and stree	et address of Florida registered ag	ent: (P	O Box NOT acceptable)	<u> </u>	n- NOIF	
0.	. Name and stree		· .	io. Don <u>ivo i</u> uccepiuote,	19 4	+	-
	Name:	Matthew Harvey			Part of Control		ŗ
	,	171101 01 0 1 110	- i			2	•
О	Office Address:	16130 Lee Rd, Suite 140			رت ن. 1915 -	f.	
		Fort Myers		33912 , Florida	SE A	ţ	
		(City)	<u> </u>	(Zip code)			

9. Registered agent's acceptance:

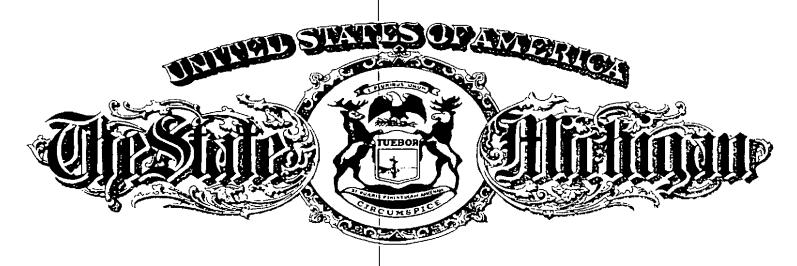
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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)

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.

11. Names and business addresses of officers and/or d	lirectors:
A. DIRECTORS	
Chairman:	<u> </u>
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
,	
B. OFFICERS	
Matthew Flarvey President:	ALL ALL
4191 Pine Lake Drive Address:	
Fort Gratiot, MI 48059	
Vice President:	Pro F
Address: 2324 Mayer Rd	AIE
Columbus, MI 48063	
Nancy Yelencich Secretary:	
2324 Mayer Rd. Columbus, MI 48063 Address;	
William Butler CPA Treasurer:	
333 Fort Street, Port Huron, MI 48060 Address:	
NOTE: If hecessary, you may attach an addendum to	the application listing additional officers and/or directors.
The officer or director signing this document (and who	of Director or Officer o is listed in number 11 above) affirms that the facts stated herein ion submitted in a document to the Department of State constitutes

(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MARYSVILLE MARINE DISTRIBUTORS, INC.

was validly incorporated on September 28 , 1973 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of May, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau