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SECRETARY OF STATE





COVER LETTER

	tration Section ion of Corpora				
SUBJECT:	Mannie Constr	uction, Inc.			
.,020011		Name of co	orporation -	must include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence," o		Good Standi	athorization to Transacting" and check are submin Florida.	
Please return	all corresponde	ence concerning t	his matter to	the following:	20 TÀ
Joseph Ledbett	er				2020 HAR
Mannle Constr	uction, Inc		Name of Pe	rson	AR 13
3741 E 10 Mile	e Road		Firm/Compa		PH 12: 19
117 h # 1 # 41	An t		Address	3	A
Warren, MI 48			· (C+-+	(*Zi	
Joe@mannle.co	OED	C	ity/State and	Zip code	
		-mail address: (to	be used for	future annual report no	tification)
For further in	formation cond	erning this matte	r, please cal	1:	
Joseph Ledbett	ег	at (248	632-3772	
Name	e 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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			
	eck payable to:	Collowing amount FLORIDA DEPA \$78.75 Filing For Certificate of So	RTMENT O	OF STATE 578.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

. APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

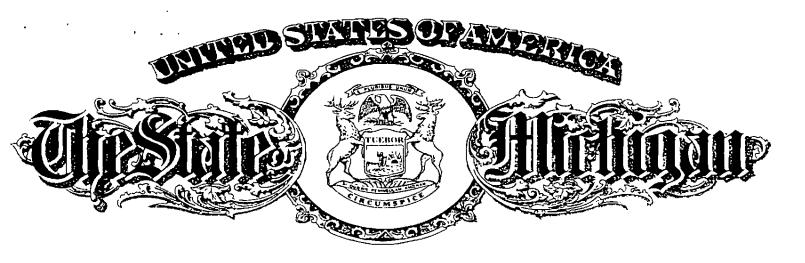
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Mannle Constr	ruction, Inc		
	corporation; must include "INCORPORATED. Corp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORA"	IION,"
Mannle Mitiga	ation and Reconstruction, Inc		
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of trans-	acting business in Florida)
2. Michigan	3		
(State or coun	atry under the law of which it is incorporated)	(FEI number,	if applicable)
4. 1/22/2018	5	Perpetual	7.5
	te of incorporation)	(Date of duration, if o	ther than perpetual)
6. 10/15/2018			超景工
7. <u>3741 E 10 Mile</u>	(SEE SECTIONS 607.1501 & 607.1 Rd Warren, MI 48091		
3741 E 10 Mile	Principal off Rd Warren, MI 48091	ice <u>street</u> address)	19
	(Current mailin	ng address, if different)	
8. Name and str	cct address of Florida registered agent: (P.G	O. Box NOT acceptable)	
Name:	Stanley K Powell		
Office Address:	9955 E Co Hwy 30A 309	_	
	Inlet Beach	, Florida 32461	_
	(City)	(Zip code)	
9. Registered a	gent's acceptance:		

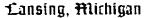
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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:	Brandon Mann
□Vice Chairman	Address:	□ Vice Chairman	Address:	54556 Coventry Lane
Director	Warren, MI 48091	Director		Shelby Township, MI 48315
President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	Other		□Other
□ Chairman	Name:	□Chairman	Name:	76. 20
□Vice Chairman	Address:	□Vice Chairman	Address:	PALLAHAR
□Director		Director		S 5 5
□President		□President		mg 7 111
□Vice President		□Vice President		STATE STATE
☐ Secretary	□Treasurer	Secretary		Treasurer
□Other		□Other	 	Other
☐ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		Other
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department Signature of Director of	nt of State Annual R		ing purposes only. Non-indexed
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Department to th	r 11 above) affirms ti	nat the facts utes a third	stated herein are true and that he or degree felony as provided for in



Department of Licensing and Regulatory Affairs



This is to Certify That

MANNLE CONSTRUCTION INC.

was validly incorporated on January 22, 2018 as a Michigan DOMESTIC PROFIT CO. 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.



Sent by electronic transmission

Certificate Number: 20017966470

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of January . 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

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