# F20000004262

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## **COVER LETTER**

_	stration Section sion of Corporations				
SUBJECT:	The Children's Courtyard.	. Inc.			
50.50.15		ne of corporation -	must include suffix		
Dear Sir or M	1adam:				
"Certificate of		ate of Good Stand	Authorization to Transact Eling" and check are submits in Florida.		
Please return	all correspondence conce	eming this matter	to the following:		
Legal Departm	nent				
		Name of P	erson	-	
Learning Care	Group, Inc.				
		Firm/Comp	pany	<del></del>	
21333 Hagger	ty Road, Suite 100				
		Addre	SS		
Novi, Michiga	an 48375				
		City/State an	d Zip code		
lriker@leamir	ngcaregroup.com				
	E-mail add	ress: (to be used fo	or future annual report noti	fication)	
For further in	formation concerning thi	s matter, please ca	olt:		
Leah Riker		at (	675-0408		_
Nam	ne of Person	Area Code	Daytime Telephor	e Number	31702
STREET/COURIER ADDRESS:			MAILING ADD		
Registration Section			Registration Sect Division of Corp		-0
Division of Corporations The Centre of Tallahassee			P.O. Box 6327	orations	_
2415 N. Monroe Street, Suite 810			Tallahassee, FL	32314	:
Talla	hassee, FL 32303				j., 9:1:6
Enclosed is a	check for the following	amount:			ر <u>ن</u> 15.
	heck payable to: FLORIDA		OF STATE		
■ \$70.00 Fi	ling Fee	iling Fee & 🛘 🗆	\$78.75 Filing Fee &	□ \$87.50 Filir	•
	Certifica	ite of Status	Certified Copy	Certificate Certified C	

# 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.

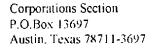
	-		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	dopted for the purpose of transacting busines	ss in Florida)
Texas	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
9/28/05	5		
(Date	of incorporation)	(Date of duration, if other than perp	etual)
N/A			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		-
21333 Haggery F	oad, Novi, MI 48375		
	(Principal office	e <u>street</u> address)	
	(Current mailing	address, if different)	<del></del>
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Corporation Service Company		
	1201 H C		
	1201 Havs Street		
Tice Address:	1201 Hays Street	<del></del>	
fice Address:	m u l	Florida32301	20,
Tice Address:	m u l	. Florida 32301 (Zip code)	50 vi s
	Tallahassee (City)	. Florida 32301 (Zip code)	<u> 19</u> 04 S
Registered ag	Tallahassee (City) ent's acceptance: ed as registered agent and to accept service	e of process for the above stated corpor	ation at the pl
Registered ag aving been nam signated in this	Tallahassee  (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointment	e of process for the above stated corpor ent as registered agent and agree to act	ation at the pl in this capa <u>c</u> i
Registered ag aving been nan signated in this rther agree to c	Tallahassee  (City)  ent's acceptance:  eed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re	e of process for the above stated corpor ent as registered agent and agree to act lative to the proper and complete perfor	ation at the pl in this capa <u>c</u> i
Registered ag aving been nan signated in this orther agree to c	Tallahassee  (City)  ent's acceptance:  ed as registered agent and to accept service application, I hereby accept the appointment	e of process for the above stated corpor ent as registered agent and agree to act lative to the proper and complete perfor	ation at the pl in this capa <u>c</u> i
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aving been nam esignated in this ether agree to c ad I am familia	Tallahassee  (City)  ent's acceptance:  eed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes re	e of process for the above stated corpor ent as registered agent and agree to act lative to the proper and complete perfor	ation at the pl in this capa <u>c</u> i

under the law of which it is incorporated.

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

#### A. DIRECTORS Mark Bierley Daniel Follis ☐ Chairman □ Chairman Name: Name: 21333 Haggerty Road 21333 Haggerty Road ☐ Vice Chairman Address: □Vice Chairman Address: Novi. MI 48375 Novi, MI 48375 Director Director President □ President □Vice President \_\_\_\_\_ □ Vice President □ Secretary Treasurer ■ Secretary □Treasurer Other Other □Other □Other \_\_\_\_\_ ☐ Chairman □Chairman Name: Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_ □ Director □ Director □President ☐ President □Vice President ☐ Vice President □ Secretary ☐ Secretary □Treasurer □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Name: \_\_\_\_\_ □Chairman □Chairman Name: Address: □ Vice Chairman Address: □Vice Chairman Director □ Director □President □ President □Vice President \_\_\_ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer 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. Signature of Director or Officer 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. 13. Daniel Follis, Director

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





### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for The Children's Courtyard, Inc. (file number 800835330), a Domestic For-Profit Corporation, was filed in this office on June 26, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof. I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 27, 2020.



Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax; (512) 463-5709

TID: 10264