

F20000004268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

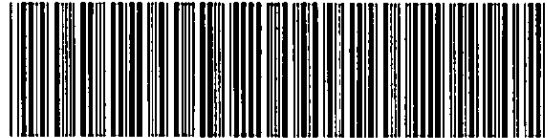
(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ENSLEY Sand & GRAVEL 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:

Raymond A. OPPENHUIZEN  
Name of Person  
Ensley Sand & GRAVEL Inc.  
Firm/Company  
6440 S. Bluebird Ave West  
Address  
Fremont Michigan 49412  
City/State and Zip code  
ray51@localnet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond A. Oppenhuizen at ( 616 ) 490-5078  
Name of Person Area Code Daytime Telephone 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  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

2003-09-29 11:08:23

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. ENSLEY SAND & GRAVEL INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2020  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MICHIGAN 3. 800274561  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-26-1983 5. until present time  
(Date of incorporation) (Date of duration, if other than 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. 6440 S. Bluebird AVE West Fremont MI 49412  
(Principal office street address)

same as above  
(Current mailing address, if different)

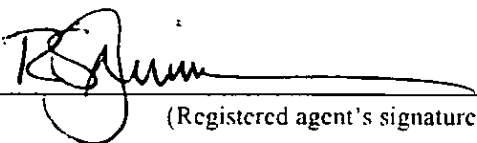
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Raymond S Grimm

Office Address: 3159 Bobcat Village Ctr. RD  
North Port, Florida 34288  
(City) (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS.**

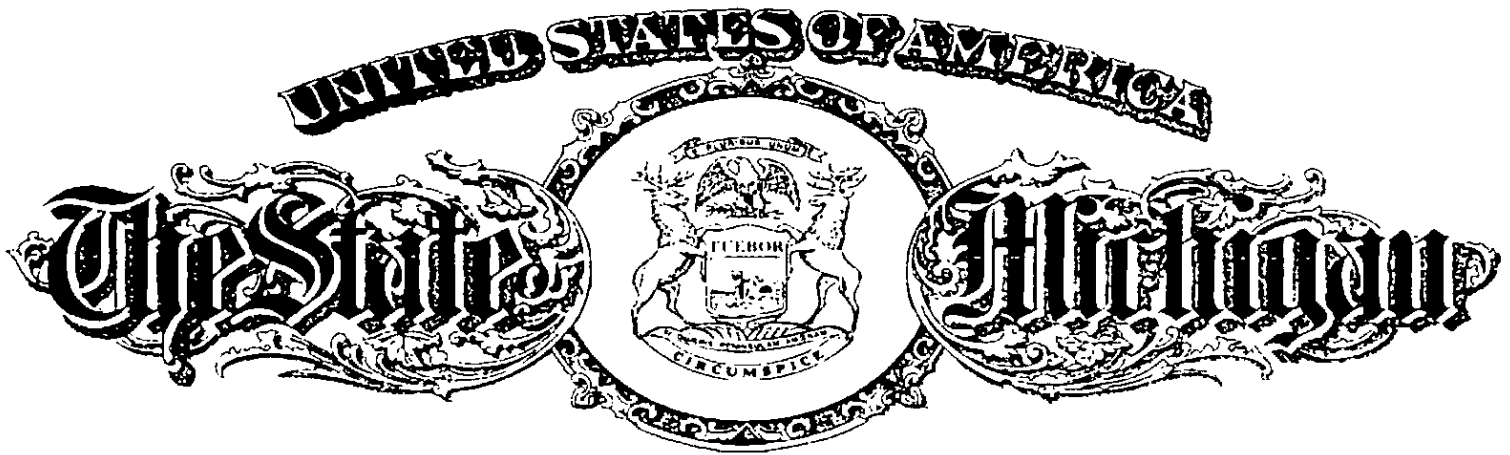
|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Chairman             | Name: <u>Raymond A. Oppenhuizen</u>      | <input type="checkbox"/> Chairman            | Name: <u>Sandra L. Oppenhuizen</u>       |
| <input type="checkbox"/> Vice Chairman        | Address: <u>6440 S. Bluebird AVE. W.</u> | <input type="checkbox"/> Vice Chairman       | Address: <u>6440 S. Bluebird AVE. W.</u> |
| <input type="checkbox"/> Director             | <u>Fremont Mi. 49412</u>                 | <input checked="" type="checkbox"/> Director | <u>Fremont Mi. 49412</u>                 |
| <input checked="" type="checkbox"/> President | _____                                    | <input type="checkbox"/> President           | _____                                    |
| <input type="checkbox"/> Vice President       | _____                                    | <input type="checkbox"/> Vice President      | _____                                    |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer       | <input type="checkbox"/> Secretary           | <input type="checkbox"/> Treasurer       |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____     |
|   |  |  |  |
| <input type="checkbox"/> Chairman             | Name: _____                              | <input type="checkbox"/> Chairman            | Name: _____                              |
| <input type="checkbox"/> Vice Chairman        | Address: _____                           | <input type="checkbox"/> Vice Chairman       | Address: _____                           |
| <input type="checkbox"/> Director             | _____                                    | <input type="checkbox"/> Director            | _____                                    |
| <input type="checkbox"/> President            | _____                                    | <input type="checkbox"/> President           | _____                                    |
| <input type="checkbox"/> Vice President       | _____                                    | <input type="checkbox"/> Vice President      | _____                                    |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer       | <input type="checkbox"/> Secretary           | <input type="checkbox"/> Treasurer       |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____     |
|   |  |  |  |
| <input type="checkbox"/> Chairman             | Name: _____                              | <input type="checkbox"/> Chairman            | Name: _____                              |
| <input type="checkbox"/> Vice Chairman        | Address: _____                           | <input type="checkbox"/> Vice Chairman       | Address: _____                           |
| <input type="checkbox"/> Director             | _____                                    | <input type="checkbox"/> Director            | _____                                    |
| <input type="checkbox"/> President            | _____                                    | <input type="checkbox"/> President           | _____                                    |
| <input type="checkbox"/> Vice President       | _____                                    | <input type="checkbox"/> Vice President      | _____                                    |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Treasurer       | <input type="checkbox"/> Secretary           | <input type="checkbox"/> Treasurer       |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____         | <input type="checkbox"/> 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.

12. Raymond A. Oppenhuizen  
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. Raymond A. Oppenhuizen  
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ENSLEY SAND & GRAVEL, INC.

was validly incorporated on July 26, 1983 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.



Sent by electronic transmission

Certificate Number: 20093724920

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 22nd day of September, 2020.

*Linda Clegg*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2020

RAYMOND A OPPENHUIZEN  
6440 S BLUBIRD AVE WEST  
FREMONT, MI 49412 US

SUBJECT: ENSLEY SAND & GRAVEL INC.  
Ref. Number: W20000104835

We have received your document for ENSLEY SAND & GRAVEL 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 120A00017465

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SEP 29 2020