## F2000001491

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## **COVER LETTER**

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TO: Registration Section Division of Corporati	ons			
SUBJECT: The Midwest Re	gion, Co.			
	Name of corporati	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	"Certificate of Good St	anding" and check are sub		
Please return all corresponder	nce concerning this mat	ter to the following:		
James C. Ramage				
	Name o	of Person		
The Midwest Region, Co.				
	Firm/Co	ompany		
7313 Merchant Court				
	Ad	dress		
Sarasota, FL 34240				
	City/State	and Zip code		
patriciayero@thesouthernregion	.com			
E-	mail address: (to be use	d for future annual report r	notification)	
For further information conce	rning this matter, please	e call:		
Patricia Yero	941 at (	217-7290		
Name of Person	Area Co	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
		NT OF STATE  \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

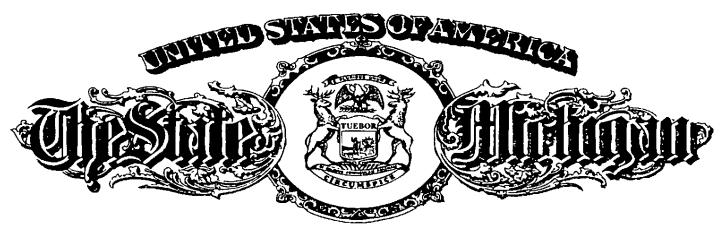
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I. The Midwest Re			
	orporation: must include "INCORPORAT" orp," "Inc," "Co," or "Corp,")	ED," "COMPANY," "CORPORAT	TON."
(If name unavail	able in Florida, enter alternate corporate na	ame adopted for the purpose of transa	ecting business in Florida)
Michigan			
2. (State or countr	y under the law of which it is incorporated	_ 3 [) (FEI number, i	f applicable)
4. October 11, 2019 5. (Date of incorporation)		(Date of duration, if oth	her than perpetual)
6. N/A	•		
·	(Date first transacted busine	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty lia	ability)
7313 Merchant C	Court, Sarasota, FL 34240	77.1302.13., to determine penalty ha	ionicy)
7		office street address)	<del></del>
Same as Above	(Trincipal	office street address)	
	(Current m	ailing address, if different)	<del></del>
	(Curtin iii	aning address: 11 different,	
8 Name and stree	et address of Florida registered agent: (	(P.O. Boy, NOT acceptable)	
5. Ivanie and <u>suc</u>	Patricia Yero	(1.0. box 1101 acceptable)	
Name:			
Office Address:	7313 Merchant Court		
	Sarasota	Florida	
	(City)	(Zip code)	ہــم کا رہار
Degistered ag	ent's acceptance:		
	ent's acceptance. ned as registered agent and to accept so	ervice of process for the above sto	ated corporation at the place
designated in this	application, I hereby gegept the appo	intment as registered agent and a	agree to act in this capacity. I
	comply with the provisions of all statut		plete performance of my dutie
and I am familiai	with and accept the obligations of my	y position as registered agent.	
	$M/M^2$		
_	(Registered agent	L'e cionatura)	
	(Registered agent	t's signature)	
10. Attached is a	certificate of existence duly authentical	ted, not more than 90 days prior to	o delivery of this application to
he Department of	FState, by the Secretary of State or othe which it is incorporated.	er official having custody of corpo	orate records in the jurisdiction
muci me iaw oi v	vinen 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					
□Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Sarasota, FL 34243	Director	Detroit, MI 48226		
■ President		President			
□Vice President		□Vice President			
☐Secretary	Treasurer	■ Secretary	<b>□</b> Treasurer		
□Other	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		
□Chairman	Nаme:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	☐ Treasurer	Secretary	□Treasurer		
□Other	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.  12.  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. James C. R.	amage, Director				



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

THE MIDWEST REGION, CO.

was validly incorporated on October 11, 2019 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: 20082980210

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of August, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau