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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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JAN 28 2021 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	FCT: Sure Financial Corporat	tion					
ЭОВ		ame of corporation	ı - must	include suffix	<u> </u>		-
Dear S	ir or Madam:						
"Certif	closed "Application by Foreigicate of Existence," or "Certificate of Existence," or "Certificate of the corporation of the corp	ficate of Good Star	nding" ai	nd check are sub			
Please	return all correspondence con	ocerning this matte	r to the f	ollowing:			
William	ı J Vargo						
	·	Name of	Person				_
Sure Fi	nancial Corporation					٠.	202
34024 (Colonial Court	Firm/Con	npany			P=	JAN 2
	<u></u>	Addr	ess	·		4	יס
Sterling	Heights, MI 48312						70
bvargo(59@aol.com	City/State a	ınd Zip c	rode		8 <u>2</u> 2	2: 56
	~	ldress: (to be used	for futur	e annual report i	notification)		_
For fur	ther information concerning t	his matter, please o	call:				
Jim Bel	1	at (230-	9717			
	Name of Person	Area Cod	le	Daytime Telep	hone Number		
	STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please r	-	DA DEPARTMENT	ן \$78.75	ATE 5 Filing Fee & ied Copy	S87.50 Fi Certificat Certified	e of Stati	as &

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	adopted for the purpose of transacting business in Flori	ida)	
(State or country under the law of which it is incorporated)				
4. (Date	of incorporation)	(Date of duration, if other than perpetual)		
6	(Date first transacted business i		<u> </u>	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 t, Sterling Heights, MI 48312	n Florida, if prior to registration) 502. F.S., to determine penalty liability)		
/. <u> </u>		ice street address)		
		••	26	
	(Current maili	ng address, if different)	— <u>21</u> 	
3. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	2021 JAN 26	
Name:	Registered Agents, Inc		i Par	
Office Address:	7901 4th St N Ste 300	92 <u>1</u> 	2: 56	
	St Petersburg (City)	Florida <u>33702</u>		
		(Zip code)		

Bel Jane

and I am familiar with and accept the obligations of my position as registered agent.

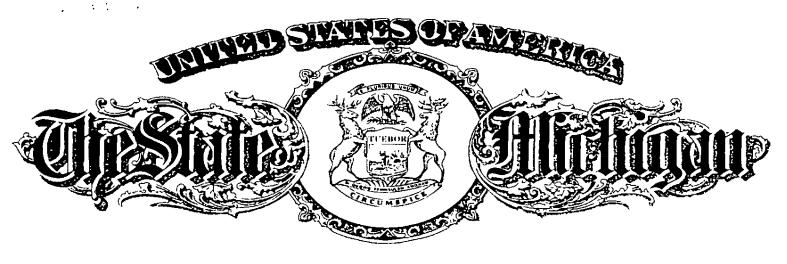
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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	William J Vargo Name:	□Chairman	Name:	
□Vice Chairman	Address: 34024 Colonial Ct	□Vice Chairman	Address:	·- <u>-</u> ·
Director	Sterling Heights, MI 48312	□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□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		28 □Other 221
□Chairman	Name:	□Chairman	Name:	AN AL
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		56
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
Important redice: Individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filing your Florida Departm	ent of State Annual Re	eport form.	
The officer or direct	ctor signing this document (and who is listed in number	er 11 above) affirms th	at the facts state	d 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. William J Vargo, President



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SURE FINANCIAL CORPORATION

was validly incorporated on September 23, 2020 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.

Corporate Annual Mariante Control of the Control of

Sent by electronic transmission

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of January, 2021.

Certificate Number: 21010371308