

F210000061247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

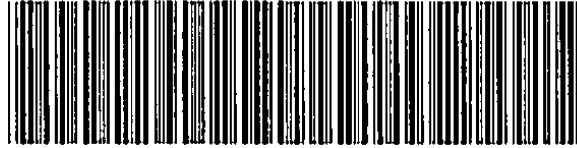
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cole, 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:

Arthur R. Cole, CPA

Name of Person

Cole, Inc

Firm/Company

33762 Schoolcraft

Address

Livonia, MI 48150

City/State and Zip code

artcole@cndcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Cole

at ( 734 ) 427-2030

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2021

ARTHUR R COLE CPA  
33762 SCHOOLCRAFT  
LIVONIA, MI 48150

SUBJECT: COLE, INC.  
Ref. Number: W21000020625

We have received your document for COLE, 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):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 121A00003358

3/4/2021

Please Note the Change  
on #1 of Application  
Concerning Alternative Name.

Thanks

Arthur Cole

734-306-9304

**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.*

Cole, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Cole Newton & Duran, Inc.

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

MI 38-3146599

(State or country under the law of which it is incorporated) (FEI number, if applicable)

11/17/1993

(Date of incorporation) (Date of duration, if other than perpetual)

N/A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

3314 Sheffield Circle Sarasota FL 34239

(Principal office street address)

(Current mailing address, if different)

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

Name: Arthur R. Cole

Office Address: 3314 Sheffield Circle

Sarasota, Florida 34239  
(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]:

Chairman Name: Arthur R. Cole  
Vice Chairman Address: 33763 Schoolcraft  
Livonia, MI 48150  
Director \_\_\_\_\_  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary ☐ Treasurer  
Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Chairman Name: Brian Simmons  
Vice Chairman Address: 3314 Sheffield Circle  
Sarasota, FL 34239  
Director \_\_\_\_\_  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary ☐ Treasurer  
Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

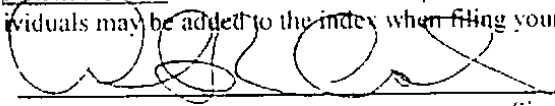
Chairman Name: \_\_\_\_\_  
Vice Chairman Address: \_\_\_\_\_  
Director \_\_\_\_\_  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary ☐ Treasurer  
Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michelle Bracey  
☐ Vice Chairman Address: 33763 Schoolcraft  
Livonia, MI 48150  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Christopher Boloven  
☐ Vice Chairman Address: 33762 Schoolcraft  
Livonia, MI 48150  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

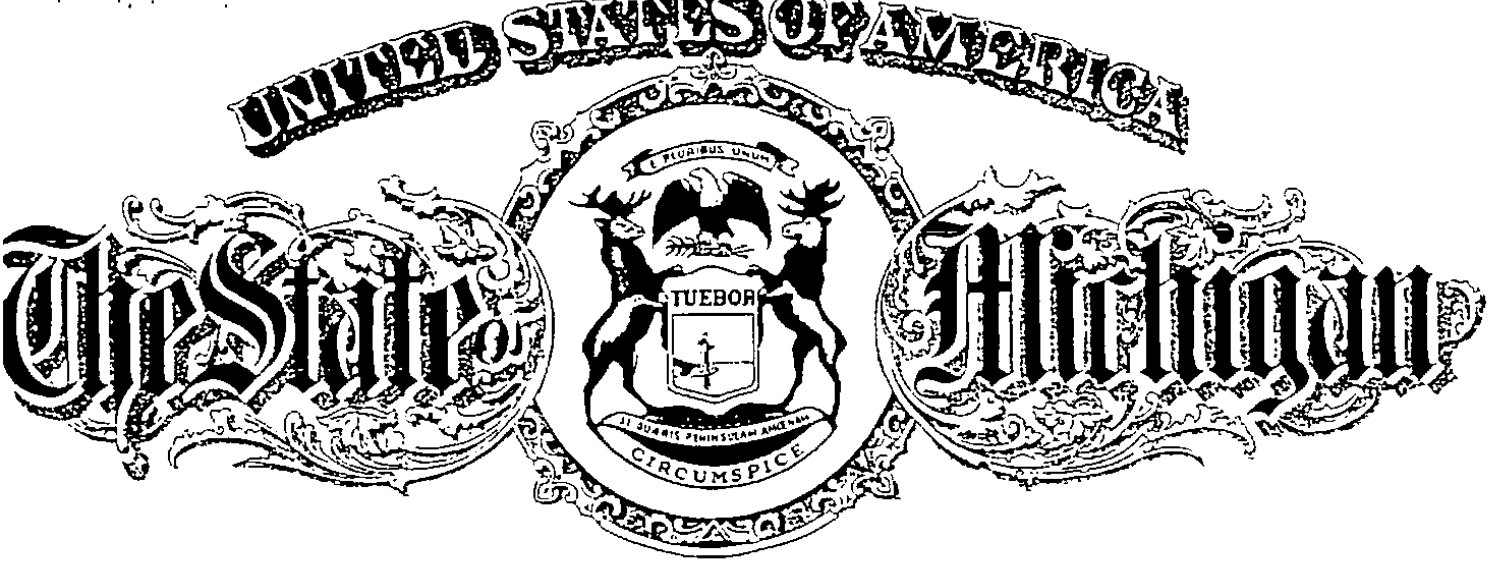
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

  
\_\_\_\_\_  
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 17.155, F.S.

Arthur R. Cole, President

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.*

*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.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this day 28th of January, 2021.*

*Linda Clegg*

Linda Clegg, Interim Director  
Corporations, Securities & Commercial Licensing Bureau