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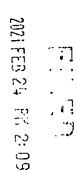
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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	Registration So Division of Co								
SUBJE	CT: ACT EN	TERPRISES	LLC						
			Name of cor	rporation - n	nust inc	lude suffix			
Dear Sir	or Madam:								
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AARON	@ACTENTLL	C.NET							
		E-mail:	address: (to	be used for	future a	nual report	notification)		
For furth	ner information	ı concerning	g this matter.	, please call:	:				
AARON	CTAYLOR			517	392-137	<i>'</i> 4			
	Name of Perso	on	at (	) Area Code	D	aytime Tele	phone Number		
	STREET/CO Registration So Division of Co The Centre of 2415 N. Monro	ection rporations Tallahassee			). [	Registration	Corporations 27		

## 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.

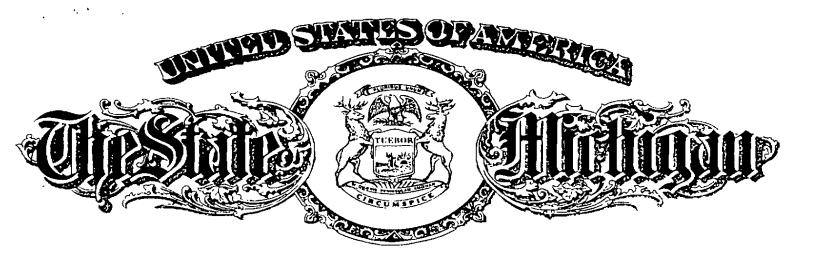
ACT ENTEDDDISES LLC

MICHIGAN		opted for the purpose of transacting business in Florida)
	ry under the law of which it is incorporated) 3.	2-0948866 (FEI number, if applicable)
	ry under the law of which it is incorporated)	(FEI number, if applicable)
03/27/2017	5	(Date of duration, if other than perpetual)
(Dat	e of incorporation)	(Date of duration, if other than perpetual)
01/17/2021		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	
1201 6TH AVE	NUE WEST SUITE 100	
	(Principal office	street address)
BRADENTON.	FLORIDA 34205	7: 1
<del>,,,,</del>	(Current mailing a	address, if different)
Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)
Name:	AARON C TAYLOR	
name.		
ffice Address:	1201 6TH AVENUE WEST SUITE 100	<del></del>
		, Florida 34205

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.

### A. DIRÈCTORS Name: \_\_\_\_ ☐ Chairman ■Chairman Name: 1201 6TH AVENUE WEST SUIT ☐ Vice Chairman Address: ■ Vice Chairman Address: **BRADENTON, FLORIDA 34205** ■ Director Director □ President ■ President ☐ Vice President ■ Vice President □Treasurer □ Secretary **■** Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_ Name: Name: Chairman □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director ☐ President □ President ☐ Vice President □ Vice President Treasurer □Treasurer □ Secretary ☐ Secretary □Other 🖂 Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman □ Chairman Name: Name: □ Vice Chairman Address: □Vice Chairman Address: □ Director Director □President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Secretary ☐ Treasurer ☐ Treasurer ☐ Secretary □Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six 16). 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

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 of 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.



### Department of Licensing and Regulatory Affairs



This is to Certify That ACT ENTERPRISES LLC

was validly authorized on February 25, 2015, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of February, 2021.

Linda Clega, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 21020472509