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S. FRANKLIN JUN 18 2022

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	HERZOG & ASSOCIATES	S, INC.			
SOBJECT.	Name	e of corporation	- must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign C f Existence," or "Certifica ced foreign corporation to	te of Good Stand	ling" and check are sub		
Please return ALBERT P. H	all correspondence concer ERZOG III	ning this matter	to the following:		
		Name of I	Person		
HERZOG & A	SSOCIATES, INC.				20
10752 WATEI	RFALL CT.	Firm/Comp	pany		2022 H.Y. 3 I
		Addre	SS		<u> </u>
SOUTH LYO	N. MI 48178				PH
		City/State an	id Zip code	•	<u>- </u>
bherzog1205@)gmail.com				5
	E-mail addre	ss: (to be used fo	or future annual report i	notification)	<u></u>
For further in	formation concerning this	matter, please ca	all:		
ALBERT P. H	ERZOG III	at (923-2870		
Nam	e of Person	Area Code	=	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		
	check for the following are teck payable to: FLORIDA ing Fee \$78.75 Fil Certificate	DEPARTMENT ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	□ \$87.50 Fili Certificate Certified C	of Status &

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.

l	SSOCIATES, INC.				
	orporation: must include "INCORPORAT orp." "Inc." "Co." or "Corp.")	ED." "	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting	business in Florida)	
MICHIGAN 2.	3 26-4269030				
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
02/17/2009		5.			
	(Date of incorporation)		(Date of duration, if other than perpetual)		
5. N/A					
/	AY UNIT 806, NAPLES, FL 34110		F.S., to determine penalty liability		
10732 WATERI		-1-	11 10 1100 3		
8. Name and <u>stres</u> Name:	et address of Florida registered agent: (ALBERT P. HERZOG III		ddress, if different) lox <u>NOT</u> acceptable)	2027 EN 31 P	
Office Address:	295 GRANDE WAY UNIT 806		_	PH 6:	
	NAPLES		, Florida 34110	. 5	
	(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.

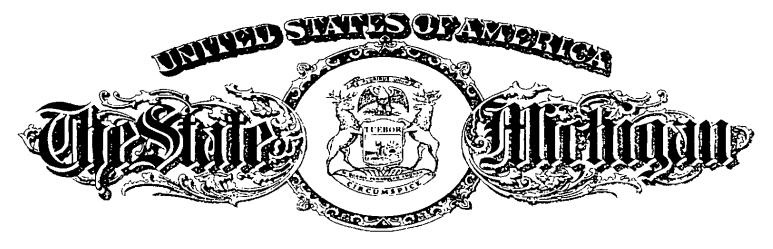
(Registered agent's signature)

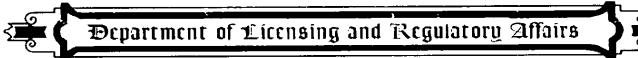
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS				• •	
□Chairman	Name: ALBERT P. HERZOG III	□Chairman	Name:		
□Vice Chairman	Address: 10752 WATERFALL CT.	□Vice Chairman	Address:		
□Director	SOUTH LYON, MI 48178	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		□0ther <u>7877</u>	
□ Chairman	Name:	□Chairman	Name:	2 H.Y. 3	
□Vice Chairman	Address:				*1
□Director		Director		. <u>o</u> .	كورية
□President		_ □ President			
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	Other		□Other	
Important Notice: Uindividuals may be	Jse an attachment to report more than six (6). The added to the index when tiling your Florida Depa	e attachment will be imaged artment of State Annual Rep	for reporting port form.	purposes only. Non-inde	exed
12.	Signature of Direct	ctor or Officer			
The officer or direct she is aware that fall	tor signing this document (and who is listed in mulse information submitted in a document to the Do	imber 11 above) aftirms tha	it the facts state es a third degr	ed herein are true and th ee felony as provided fo	at he or or in

s.\$17.155, F.S.







Lansing, Michigan

This is to Certify That

HERZOG & ASSOCIATES, INC.

was validly incorporated on February 17, 2009 as a Michigan DOMESTIC PROFIT CORPORATION, 2022 EAX 31 PH 6

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

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of May , 2022.

Certificate Number: 22050221105