

F2300003344

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**1. OH SIRUS INC.**

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_

# 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.

1. Oh Sirus Inc.

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

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

2. Michigan

3. \_\_\_\_\_ (State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 10/03/2016

5. \_\_\_\_\_

(Date of incorporation)

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

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

7. 2853 Homeplace, Dearborn, Mich 48124

(Principal office street address)

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

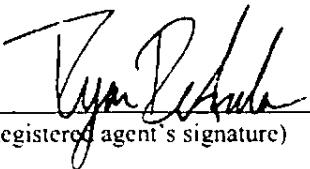
Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln., Ste. A

Tallahassee, Florida 32308  
(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]:

2013 JUN -5

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DEPARTMENT OF STATE  
FLORIDA

AM 10:04

**A. DIRECTORS**

Chairman Name: Nathan Carney

Vice Chairman Address: 2853 Homeplace

Director Dearborn, MI 48124

President

Vice President

Secretary  Treasurer

Other   Other

Chairman Name: Nicholas Nicola

Vice Chairman Address: 2853 Homeplace

Director Dearborn, MI 48124

President

Vice President

Secretary  Treasurer

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 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

**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.

13. Nathan Carney President

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

UNITED STATES OF AMERICA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**OH SIRUS INC.**

*was validly incorporated on October 3, 2016 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.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 5th day of June, 2023.*

A handwritten signature of Linda Clegg in black ink.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

*Sent by electronic transmission*

Certificate Number: 23060058701