

F23000004017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

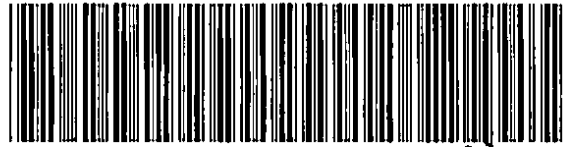
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Certified Copies _____

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Special Instructions to Filing Officer:

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STATE OF MICHIGAN

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2023 JUL 11 PM 3:20
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 07/11/23
Order #: 1232417-1
Re: Mainspring Holdings Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'AUTH:'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
 Division of Corporations
 MAINSPRING HOLDINGS INC.

SUBJECT: _____
 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:
 SANDRA YORK

_____	Name of Person
SANDRA YORK PLLC	
_____	Firm/Company
133 GRAND AVENUE	
_____	Address
CORAL GABLES, FLORIDA 33133	
_____	City/State and Zip code
SANDRA.YORK@YORKPLLC.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA YORK	786	266-3301
_____	at (_____) _____	
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**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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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.

MAINSRING HOLDINGS INC.

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

MAINSRING HOLDINGS (FL) INC.

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

DELAWARE

93-1660494

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

JUNE 1, 2023

N/A/ (PERPETUAL)

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

JUNE 1, 2023

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

1001 SW 128th Terrace, Unit 315, Pembroke Pines, FL 33027

7. _____
(Principal office street address)

133 Grand Avenue, Coral Gables, FL 33133

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

FILED
 2023 JUL 11 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

Corporation Service Company

By: _____

(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]:

A. DIRECTORS

☐ Chairman Name: Dylan Coke
1001 SW 128th Terrace, Unit 315
☐ Vice Chairman Address: Pembroke Pines, FL 33027

☒ Director _____

☒ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Ramon Pitter
1001 SW 128th Terrace, Unit 315
☐ Vice Chairman Address: Pembroke Pines, FL 33027

☒ Director _____

☐ President _____

☒ Vice President _____

☐ Secretary _____ ☒ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Adam Jones
1001 SW 128th Terrace, Unit 315
☐ Vice Chairman Address: Pembroke Pines, FL 33027

☒ 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.

12. Ramon Pitter Ramon Pitter 7/11/2023
 E7E9BA969FB4481

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. Ramon Pitter, Director, Vice President and Treasurer

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

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAINSRING HOLDINGS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAINSRING HOLDINGS INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

7280703 8300

SR# 20232954572

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203709786

Date: 07-10-23