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





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COVER LETTER

	_	ration Section on of Corporations									
SUBJE	СΤ·	Jackson Inn & Suites, Inc.									
O DON'S	.	Name of corporation - must include suffix									
Dear Sir	or Ma	adam:									
"Certific	ate of	'Application by Foreign Corp Existence," or "Certificate of the corporation to tra	f Good Stan	ding"	and check are submitte						
Please re	eturn a	ill correspondence concerning	g this matter	to the	following:						
Julia Mcl	Kinney	,									
			Name of	Persor	1						
Jackson I	nn & 3	Suites, Inc.									
			Firm/Com	ipany							
2600 Aut	burn R	oad, Suite 240									
			Addr	ess							
Auburn F	tills, N	41 48326									
			City/State a	nd Zip	code						
julia@mv	wlodgi	=									
		E-mail address:	(to be used	for fut	ure annual report notif	ication)					
For furth	ner inf	ormation concerning this ma	tter, please o	call:							
Julia McKinney		248		9-5554							
	Name	of Person	Area Cod	/	9-5554 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						
	ake ch	check for the following amount of the control of th	PARTMENT Fee & - [□ \$78.		S87.50 Filing Fee. Certificate of Status & Certified Copy					

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

Jackson Inn & S		
(Enter name of c	orporation; must include "INCORPOF orp," "Inc," "Co," or "Co.p.")	RATED," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corpora	ate name adopted for the purpose of transacting business in Florida)
Michigan		3. 46-3389684 (FEI number, (Capplicable)
(State or countr	y under the law of which it is incorpor	rated) (FEI munber, if applicable)
July 18, 2013		5. (Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
		usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)
2600 Auburn Ro	ad, Suite 240, Auburn Hills, MI 48326	5
	(Princ	cipal office street address)
	(Curre	ent mailing address, if different)
Name and street	et address of Florida registered age	ent: (P.O. Box <u>NOT</u> acceptable)
Name:	Noor Albatus	
	780! Southwest 6th Street	
ffice Address:		
	Plantation	, Florida 33324 (Zip code)
	(City)	(Zip code)
Registered ag	ent's acceptance:	
aving been nam	ed as registered agent and to acce	ept service of process for the above stated corporation at the p
rsignated in this	application, I hereby accept the a	ippointment as registered agent and agree to act in this capac tatutes relative to the proper and complete performance of my
rther agree to co id Lam familiar	omply with the provisions of an so with and accept the obligations of	unnes retailed to the proper and complete performance of my of my position as registered agent.
(
_	(Registered a	ngent's signature)

11. For initial indeeding purposes. list names, titles and additisses of the primary officers and or directors [up to socitor total).

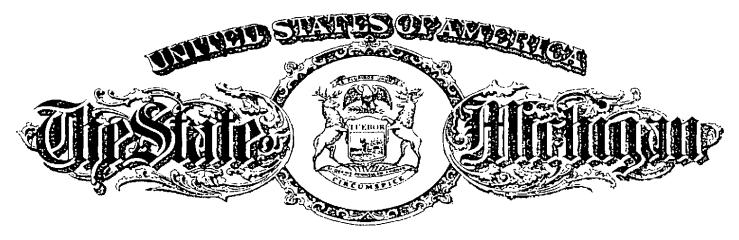
under the law of which it is incorporated.

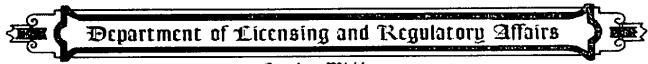
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS								
□Chairman	Name:	□Chairman	Name:	Name:				
□Vice Chairman	Address: 2600 Auburn Road, Suite 240	□ Vice Chairman	Address:					
□Director	Auburn Hills, MI 48326	□Director						
■ President		□President						
□Vice President		□ Vice President						
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
	Address:	□Vice Chairman						
□ Director		Director						
□President		□President						
		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	□Other □	Other	<u> </u>	Other				
□Chairman	Name:	□Chairman	Name:					
	Address:	□Vice Chairman						
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		<u></u>						
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 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.								

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

Malik Abdulnoor





Lansing, Michigan

This is to Certify That

JACKSON INN & SUITES, INC.

was validly incorporated on July 18 , 2013 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 altest 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.

COMMENTAL RESULTANT OF THE STATE OF THE STAT

Sent by electronic transmission

Certificate Number: 23110359204

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of November, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau