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COVER LETTER

_	stration Section sion of Corporations			
	26822 Coolidge, Inc.			
SUBJECT.	Name o	of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to to	of Good Stand	ing" and check are submitt	usiness in Florida," ted to register the
Please return	all correspondence concerni	ng this matter t	o the following:	
K. Dino Kosto	ppoulos			
		Name of Po	erson	
Kostopoulos F	Rodriguez, PLLC			
		Firm/Comp	any	
550 W Merrii	Street Ste 100			
		Addres	S	
Birmingham M	MF 48009			
	- .	City/State and	ł Zip code	, -, -, -
dino@korolav				
	E-mail address	: (to be used fo	r future annual report notif	fication)
For further in	formation concerning this n	atter, please ca	II:	
Elizabeth Park	ger .	at (248	268-7816	
Nam	ne of Person		Daytime Telephon	e 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	
	check for the following amoneck payable to: FLORIDA DI ing Fee	EPARTMENT (g Fee &		3 \$87.50 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.

Michigan 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) 4/1/1992 5. (Date of incorporation) (Date of duration, if other than perpetual)	(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transact	ing business in Florida)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2060 Coolidge Hwy, Berkely MI 48072 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road Plantation Florida (City) Florida (Zip code)	Michigan	3		
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road 5 5	(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road Plantation Florida (City) (C	4/1/1992	5.		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2060 Coolidge Hwy, Berkely MI 48072 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation Plantation (City) Florida 33324 (Zip code)	(Date	of incorporation)	(Date of duration, if other	r than perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (1060 Coolidge Hwy, Berkely MI 48072 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation Plantation Florida (City) (City				
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(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) (City) (City) (City) (Current mailing address, if different) (P.O. Box NOT acceptable) (City) (City) (City) (City) (City) (City) (City) (City) (City)	2060 Coolidge H		1, F.S., to determine penanty had	mity)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) Florida 33324 (Zip code)			street address)	***************************************
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) Florida (Zip code)		(i fincipal office	street address;	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) Florida (Zip code)		(Current mailing	addrace if different	
Name: C T Corporation System 1200 South Pine Island Road Plantation Florida (City) Florida (Zip code)		(Saren manng	address, ir differently	
Name: C T Corporation System 1200 South Pine Island Road Plantation Florida (City) Florida (Zip code)	Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)	<i>O</i>)
Plantation , Florida 33324 (City) (Zip code)	Nama	C T Corporation System		
Plantation , Florida 33324 (City) (Zip code)	ivainc.	1200 South Bing Jaland Board	_	25 25 1
(City) (Zip code)	~ . 1 .	1200 South Fine Island Road		·
(City) (Zip code)	nce Address:	Plantation	, Florida 33324	9
Registered agent's acceptance:	lice Address:			7.3.
Registered agent 5 acceptance.	nce Address:			
aving been named as registered agent and to accept service of process for the above stated corporation with the p		(City)		Ţ,
	Registered ag aving been nam	(City) ent's acceptance:	(Zip code) of process for the above state	:" ed corporation at the pl
rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d I am familiar with and accept the obligations of my position as registered agent.	Registered ag wing been nam signated in this orther agree to c	(City) ent's acceptance: eed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes rela	(Zip code) of process for the above stat nt as registered agent and ag ative to the proper and comp	:" ed corporation at the pl ree to act in this capaci

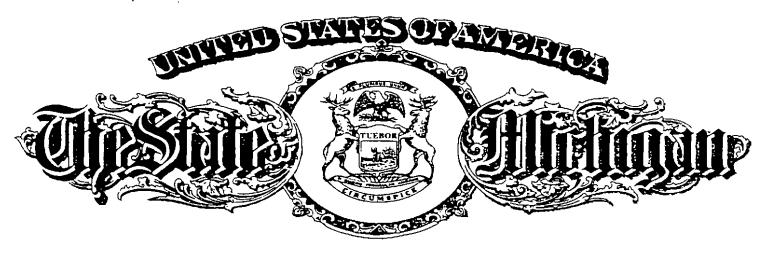
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	Name: 2060 Coolidge Hwy	□Chairman	Name: Jeffrey C Snyder 2060 Coolidge Hwy			
□ Vice Chairman	Address:	☐ Vice Chairman	Address: Berkley MI 48072			
Director	Berkley MI 48072	■ Director	Detriey WH 45072			
■ 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			
□Chairman	Name:	□Chainnan	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 can she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						

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

s.817.155, F.S.

13. ______



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

26822 COOLIDGE, INC.

was validly incorporated on April 1, 1992 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 August, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau