L2000041025

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

Office Use Only



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01/67/20--01013--003 **150.00



	COVER 1	ETTER.	ı
TO: New Filing Section Division of Corporations Lease Integrity Group LLC		^si	n e
SUBJECT:			
	Name of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Articles of Domestication of a	Non-U.S. Entity	and fee(s) are submi	tted for filing.
Please return all correspondence concerning	this matter to the	following:	
James E Brogan			
Name of Person			
Lease Integrity Group LLC			
Firm/Company			
175 1st Street South, Unit 210			
Address	<u>,</u>		
Saint Petersburg, FL 33701			
City/State and Zip Cod	le		
LeaseIntegrity@gmail.com			
E-mail address: (to be used for future arm	nual report notification	1)	
For further information concerning this matter	er, please call:		
James E Brogan	248	703-2724	
	ot I	`	

Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Area Code

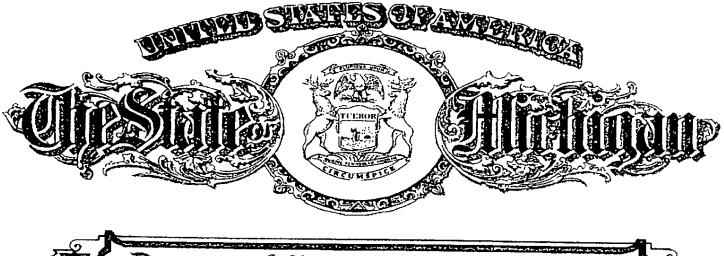
Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

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Articles of Domestication: \$25 Articles of Organization: \$125 Total to Domesticate and file: \$150

CR2E143 (3/17)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That LEASE INTEGRITY GROUP LLC

was validly authorized on January 9, 2013, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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

Certificate Number: 20017664730

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of January, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

ARTICLES OF DOMESTICATION

1	
in acco	rdance with 605.1055, Florida Statutes, the Articles of Domestication are submitted for filing:
1.	The date on which the entity was first formed was: January 9, 2013
2.	The name of the entity immediately prior to the filing of the Articles of Domestication was:
	Lease Integrity Group LLC
3.	Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201.
4.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: Michigan
5.	The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity.
	I am authorized to sign these Articles of Domestication on behalf of the entity. Authorized Signature
6.	Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation pursuant to s. 605.1055 (3), Florida Statutes.
CR2E14.	3 (3/17)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ine name of the Limite	d Liability Company is:	
Lease Integrity Group L.	LC	
(Must co	ontain the words "Limited Liabilit	v Company, "L.L.C.," or "LLC.")
ARTICLE II - Address and		ipal office of the Limited Liability Company
Principal Office Addr	ess:	Mailing Address:
175 1st Street South		175 1st Street South
Unit 210		Unit 210
Saint Petersburg, FL 337	701	Saint Petersburg, FL 33701
The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regi	ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anot stered agent are:
The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.) da street address of the regi	stered Agent. You must designate an individual or anot stered agent are:
The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.) da street address of the registration E Brogan N 175 1st Street South. U	stered Agent. You must designate an individual or anot stered agent are:
The Limited Liability Comp business entity with an activ	pany cannot serve as its own Regive Florida registration.) da street address of the registration E Brogan N 175 1st Street South. U	stered Agent. You must designate an individual or anotestered agent are: ame (nit 210)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager A MGR	James E Brogan
/ Indix	175 1st Street South, Unit 210
	Saint Petersburg, FL 33701
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be days after the date of filing.)	date of filing: (OPITONAL) specific and cannot be more than five business days prior to or 90 calendar
ARTICLE VI: Other provisions, if any.	
None	
REQUIRED SIGNATURE:	Jame E M
Si	onsture of a member or an authorized representative
that the facts stated herein are true. I am aware that a	untes, the execution of this document constitutes an affirmation under the penalties of perjury my false information submitted in a document to the Department of State constitutes a third see felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)