

# M07 000002089

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

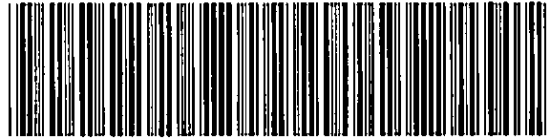
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEWISTON THREE LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA M KANSKI

\_\_\_\_\_  
Name of Person

CLARK HILL PLC

\_\_\_\_\_  
Firm/Company

151 S OLD WOODWARD AVENUE STE 200

\_\_\_\_\_  
Address

BIRMINGHAM MI 48009

\_\_\_\_\_  
City/State and Zip Code

CBAYER7@COMCAST.NET

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA M KANSKI

\_\_\_\_\_  
Name of Person

at ( 313 ) 965-8589

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|---|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LEWISTON THREE LLC

Enter new principal office address, if applicable: 11300 US HWY 1

(Principal office address  
MUST BE A STREET ADDRESS) STE 100  
PALM BEACH GARDENS FL 33408

Enter new mailing address, if applicable: 11300 US HWY 1

(Mailing address  
MAY BE A POST OFFICE BOX) STE 100  
PALM BEACH GARDENS FL 33408

2. The Florida document number of this limited liability company is: M07000002089

3. Jurisdiction of its organization: MICHIGAN - CONVERTED TO DELAWARE

4. Date authorized to do business in Florida: APRIL 10, 2000

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: 11300 US HWY 1 STE 100

*Enter Florida Street Address*

PALM BEACH GARDENS, Florida 33408  
*City* *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

DELAWARE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Andrea M Kanski  
Signature of the authorized representative

ANDREA M KANSKI, Authorized Agent

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A MICHIGAN  
LIMITED LIABILITY COMPANY UNDER THE NAME OF "LEWISTON THREE LLC"  
TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON  
THE FOURTH DAY OF NOVEMBER, A.D. 2016, AT 10:49 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20198231724

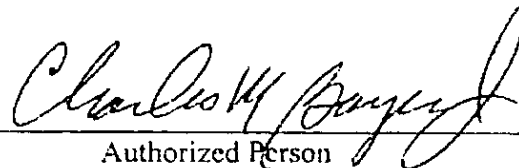
You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204061321  
Date: 11-21-19

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

1. The jurisdiction where the Non-Delaware Limited Liability Company first formed is MICHIGAN.
2. The jurisdiction immediately prior to filing this Certificate is Michigan.
3. The date the Non-Delaware Limited Liability Company first formed is March 30, 2007.
4. The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is LEWISTON THREE LLC.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is LEWISTON THREE LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
4 day of November, A.D 2016.

By:   
Authorized Person

Name: Charles M. Bayer, Jr.


# Delaware

TelFirstState

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "LEWISTON THREE LLC",  
FILED IN THIS OFFICE ON THE FOURTH DAY OF NOVEMBER, A.D. 2016,  
AT 10:49 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

6203167 8100  
SR# 20198231724

Authentication: 204061322  
Date: 11-21-19

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

**STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

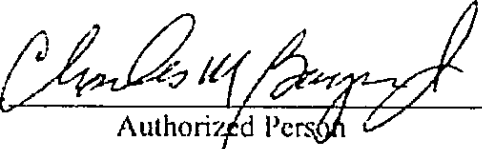
- **First:** The name of the limited liability company is LEWISTON THREE LLC
- 

- **Second:** The address of its registered office in the State of Delaware is 1209 Orange Street, Corporation Trust Center, in the City of Wilmington 19801.

The name of its Registered agent at such address is The Corporation Trust Company.

- **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
4 day of November, 2016.

By   
Authorized Person

Name: Charles M. Bayer, Jr.