M0700004233

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone) #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



000106137680

07/16/07--01061--008 **155.00

O7 JUL 16 PH 12: 34
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Gail's Gems, LLC, a Michigan limited liability company
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jeffrey D. Moss, Esq	uire			
(N	ame of Person)			
Butzel Long				
(Fi	rm/Company)			
Stoneridge West - 4	1000 Woodward Avenue			
	(Address)			
Bloomfield Hills, MI 48304				
(City/S	tate and Zip Code)			
For further information concerning this matter, ple	ease call:			
Leonor I. Hendricksen, Paraleg	al_at(_248) 258-1434			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate o				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Gail's Gems, LLC
(Name of Foreign Limited Liability Company)
2. Michigan (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. July 24, 2001 (Date of Organization) 5. (Duration: Year limited liability company will cease to
4. July 24, 200 f (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>583 Cambridge Way, Bloomfield Hills, Michigan 48304 芸二二四</u>
SSE 6 LE
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 🗸 - 응급 😕
9. The name and usual business addresses of the managing members or managers are as follows:
Gail Thompson, Manager, 515 Via Veneto, Unit 102, Naples, FL 34108
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Sales of
Touch al gift itens
Jewely al gift 1kns Vyail Shompson Signature of a member or an authorized representative of a member
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.) Gail Thompson
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Gail'	s Gems	, LL(\Box
-------	--------	-------	--------

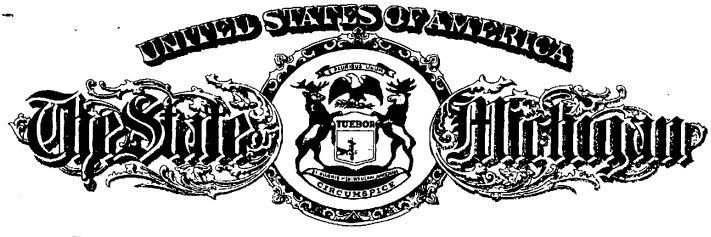
2. The name and the Florida street address of the registered agent and office are:

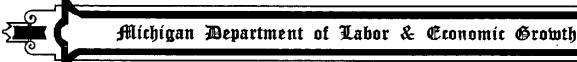
Gail Thompson		SECRI SECRI
	(Name)	EASS.
515 Via Veneto, Unit 102		THE R
Florida Street Ad	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	12: 34 STATT FLORI
<u>Naples</u>	_{FL} 34108	
	City/State/Zip	

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 608, Florida Statutes.

Vail Thompson (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)





Lansing, Michigan

This is to Certify That

GAIL'S GEMS, LLC

was validly organized on July 24, 2001 as a Limited Liability Company. 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, as amended, 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 3rd day of July, 2007

Bureau of Commercial Services

,Director