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SECRETARY OF STATE

W9-49371

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJEC	r:Property Solutionz, LLC					
Name of Limited Liability Company						
Existence	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please ret	arn all correspondence concerning this matter to the following:					
	Yakell Manns					
	Name of Person					
	Property Solutionz, LLC					
Firm/Company						
	48050 Four Seasons Blvd.					
	Address					
	Northville, MI 48167					
•	City/State and Zip Code					
•	E-mail address: (to be used for future annual report notification)					
For furthe	r information concerning this matter, please call:					
_	Emma Brooks at (734) 783-2829					
	Name of Person Area Code & Daytime Telephone Number					
]] {	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclose	d is a check for the following amount: \$\sigma \text{\$125.00 Filing Fee & } \sigma \text{\$160.00 Filing Fee, Certificate}					
_	Certificate of Status Certified Copy of Status & Certified Copy					

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(Name of Foreign Li	Prope	erty Solution: nust include "Limi	Z, LLC ted Liability Company," "L.L.C.," or "LLC	·")
	managing members adoptin		sacting business in Florida and attach a copne. The alternate name must include "Limite	
2. N	lichigan	3.	30-0447775 (FEI number, if applicable)	
(Jurisdiction under the la company is organized)	w of which foreign limited l	liability	(FEI number, if applicable)	
<u>م</u> 11-	8-2007	5.	Perpetual	
4. 11- (Date of C	Organization)	(Dur exist	Perpetual ration: Year limited liability company will c or "perpetual")	ease to
6				
((Date first transacted busin See sections 608.501 & 608	less in Florida, if p 3.502 F.S. to deteri	rior to registration.) nine penalty liability)	
7. 48050 Four Seaso	ons Blvd., Northville, l	MI 48167		
				0
	(Street Address of Principal Office)		- € 7	
R If limited liability of	ompany is a manager-m	anaged compa	ny check here	NOV 23
s. If fillitica hability co	ompany is a manager-in	ianaged compa	ny, check here	23
9. The name and usual	business addresses of	the managing n	nembers or managers are as follows:	
Yakell Manns, 48	050 Four Seasons B	lvd., Northville	, MI 48167	မှ မွ
		·	·	35 35
			· · · · · · · · · · · · · · · · · · ·	
the jurisdiction under the lav		photocopy is not ac	duly authenticated by the official having custo exeptable. If the certificate is in a foreign lang	
11. Nature of business	or purposes to be cond	lucted or promo	ted in Florida: Property Restora	ation
	//\ W/			·
(5 1 1 1 1 D	on on outbonte	d nonnecontation of a second as	
•		3.408(3), F.S., the ex	d representative of a member. ecution of this document constitutes the facts stated herein are true.)	
-		Yakell Man		
	Typed or	r printed name	of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

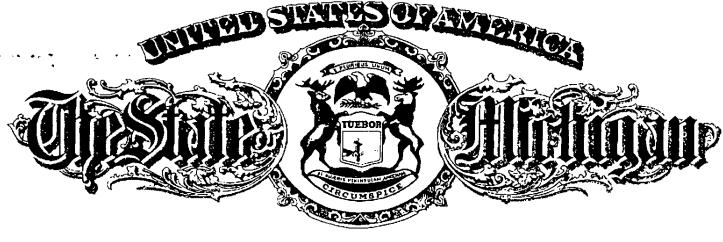
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

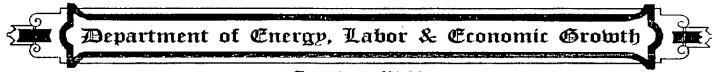
1. The name of the Limited Liability Company is:
Property Solutionz, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Marcus Edwards
(Name)
1801 N. Pine Island Rd, Suite 210
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation, FL 33322 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.

(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

PROPERTY SOLUTIONZ, LLC

was validly organized on November 8, 2007 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 14th day of October, 2009

Sheffe Director

Bureau of Commercial Services