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Special Instructions to Filing Officer:		

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B. BOSTICK
FEB 2 2 2012
EXAMINER

COVER LETTER

Registration Section

TO:

SUBJECT: Detroit Segways, LL	Name of Limited Liability Company	-
The enclosed "Application by Foreign Limited I Existence, and check are submitted to register the	Liability Company for Authorization to Transact Business in above referenced foreign limited liability company to transact Business in the company for Authorization to Transact Business in the company to transact Business in the company for Authorization to Transact Business in the company for the com	n Florida," Certificate on sact business in Florid
Please return all correspondence concerning this	s matter to the following:	
Keith Steele/Maureen	Kearns	
	Name of Person	
	Firm/Company	 .
150 Harborside Ave.	#221	
	Address	
Punta Gorda, FL 3395		
	City/State and Zip Code	图4 二
maureen@segways	s2u.com	2 FE
E-mail addres	s: (to be used for future annual report notification)	30 m
For further information concerning this matter, p	please call:	
Maureen Kearns	at (313) 477-8941	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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.} Detroit Segways, LLC		
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or	LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach rnate name. The alternate name must include "l	a copy of the written Limited Liability
	45-3605662	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. 03/26/10 5	perpetual	
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")	will cease to
6		
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)	12 F
7. 1080 Iroquois St.	35 Ž	B 'T
Detroit, MI 48214	67.1 67.1 67.1	N come
	of Principal Office)	· Ness/
8. If limited liability company is a manager-managed		
9. The name and usual business addresses of the mana	aging members or managers are as follo	ows:
Maureen Kearns		
1080 Iroquois St.		
Detroit, MI 48214		
10. Attached is an original certificate of existence, no more than 90 c the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn	y is not acceptable. If the certificate is in a foreign	•
11. Nature of business or purposes to be conducted or	promoted in Florida:	
segway tours and rentals		·
Signature of a member or an au	thorized representative of a member.	
(In aggrandance with continue 609 409(2) E.S. the execution	ution of this document constitutes an affirmation un	ler the

Typed or printed name of signee

Maureen M. Kearns

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

Detroit Segways, LLC	
If unavailable, the alternate to be used in the state of Florida is:	

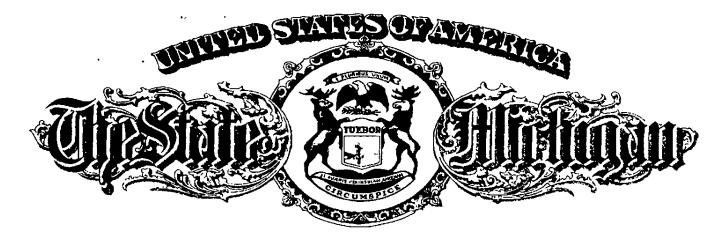
2. The name and the Florida street address of the registered agent and office are:

Maureen Kearns				
(Name)		MLL	2	
150 Harborside Ave. #221		A P	15 15 15 15 15 15 15 15 15 15 15 15 15 1	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		SSE	2	e i fatter j Yesiatti e e si e si ye
Punta Gorda	_{FL} 33950	<u> :</u>	<u>-</u>	y dig Namen Namen*
	City/State/Zip	ALE	: 00	

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)



Department of Licensing and Regulatory Affairs Lansing, Michigan

This is to Certify That

DETROIT SEGWAYS, LLC

was validly organized on March 26, 2010 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 10th day of February, 2012

Bureau of Commercial Services