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(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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K. SALY EXAMINER SEP - 5 2014

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Haystack	es LLC		
	Name of	f Limited Liability Company	- 	
			nsact Business in Florida," Certificate of company to transact business in Florida	
Please return al	l correspondence concerning this matter	r to the following:		
	E	izabeth Lambe	rt	
		Name of Person		
Haystacks LLC				
		Firm/Company		
109 W. Fourth Street				
Address				
	Sultone	8 Bay FNI City/State and Zip Code	49682	
	E-mail address: (to	zia haystacks r be used for future annual report notifica)et tion)	
For further info	rmation concerning this matter, please of	call:		
	Lizzi Lambert Name of Contact Person	at (<u>23 </u>) <u>27</u>] Area Code Day	time Telephone Number	
Divisio Regist P.O. B	on of Corporations I stration Section I sox 6327 Gassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301		
	a check for the following amount: 25.00 Filing Fee \$130.00 Filing F Certificate of Sta	ee & 🔲 \$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1
Haustacks, met I.E.C.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
Midain 2012/19/100
2. Nichigan 3. 201349680 (FEI number, if applicable) (FEI number, if applicable) (FEI number) (FE
company is organized)
(Jurisdiction under the law of which foreign limited liability company is organized) 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 109 W. Fourth Street
Suttons Bay MI 49682 = 5
(Street Address of Principal Office)
6. 109 W. Fourth Street
Suttons Bay MI 49682
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
<u>Elizabeth Lambert Wember</u>
9760 E. Johnson Road
Northport MI 49670
8. 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)
E Saulut
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
am aware that any false information submitted in a document to the Department of State constitutes at third degree felony as provided for in s.817.155, F.S.)
Elizabeth Lambert
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

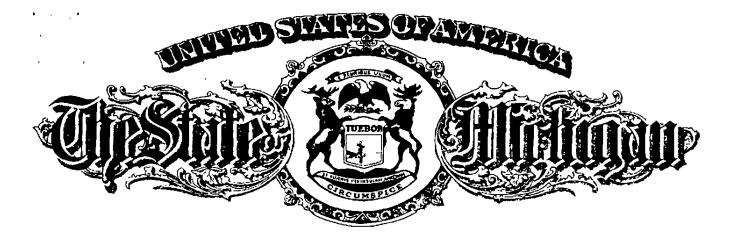
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:	
	Haystacks LLC	THE THE
If unavailable, th	ne alternate to be used in the state of Florida is:	TO PARTY
2. The name and	d the Florida street address of the registered agent and office are:	10 mg
	Elizabeth Lambert (Name)	
	5500 dd Ocean Blvd Unit 210 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Boynton Beach FL 33435 City/State/Zip	
_	ned as registered agent and to accept service of process for the above s y at the place designated in this certificate, I hereby accept the appoint	

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, Florida Statutes.

E. Lawlut
(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

HAYSTACKS LLC

was validly organized on November 3, 2008 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 12th day of August, 2014

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau