# M14000006693

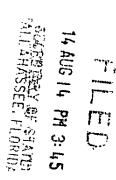
(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700261607817

08/14/14--01022--006 \*\*125.00



919 9/17/14 ~14000050621 ALLAN SAROKI P.C. ATTORNEY AT LAW 29231 Wellington Street Farmington Hills, MI 48334 (248) 224-1123/Fax (248) 539-0485

E-MAIL asaroki@allansaroki.com

\*Also Licensed in Georgia

August 11, 2014

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Brookwood Square, LLC d/b/a Fred's Monticello, FL

#### Dear Clerk:

Enclosed please find Application for Certificate of Authority to do Business in Florida, Check and Michigan Certificate of Good Standing. Please fax or email to me your Certificate of Authority to do Business in Florida.

Thank you.

Sincerely,

Encl.

#### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Brookwood Square, LLC d/b/a Fred's Monticello, FL

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and

Existence, and check are submitted	d to register the above refer	enced foreign limited lia	bility company to transact business in Fi
Please return all correspondence c	oncerning this matter to the	following:	
Allan Sa	aroki		
	N	ame of Person	
Allan Sa	aroki, PC		
<del></del>	F	irm/Company	
29231 \	Wellington St	t.	
<del></del>		Address	
Farming	gton Hills, MI	48334	
	City/S	tate and Zip Code	
asaroki(	@allansaroki	.com	
<del></del>		d for future annual report no	otification)
For further information concerning	g this matter, please call:		
Allan Sarok	d	<sub>at (</sub> 248 <sub>)</sub> 2	24-1123
Name o	f Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registr Clifton 2661 E	er Address:  n of Corporations ation Section Building xecutive Center Circle assee, FL 32301	
Enclosed is a check for the f ☐ \$125.00 Filing Fee	following amount:  \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee Certified Copy	& \$160.00 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2014

ALLAN SAROKI P.C. 29231 WELLINGTON STREET FARMINGTON HILLS, MI 48334

SUBJECT: BROOKWOOD SQUARE, LLC D/B/A FRED'S MONTICELLO, FL

Ref. Number: W14000050621

We have received your document for BROOKWOOD SQUARE, LLC D/B/A FRED'S MONTICELLO, FL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 614A00017767

Enclosed please find corrected documents,

I am not filing for a fictitions name. Please file
the attched.
Thank you.

Www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

### 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. Brookwood Square, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	<u>;")</u>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name multiability Company," "L.L.C," or "LLC.")	ust include "Limited
<sub>2.</sub> Michigan <sub>3.</sub> 26-1550348	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
<sub>4.</sub> Not Applicable	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 29231 Wellington St.	
Farmington Hills, MI 48334	
(Street Address of Principal Office)	- "
6. 29231 Wellington St.	
Farmington Hills, MI 48334	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manag	e is/are:
Thayra T. Saroki, Managing Member	
	<del></del>
Allan Saroki, Manager	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticate having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)  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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	copy is not h of the translator
	5
Thayra Saroki Typed or printed name of signee	SEP F
Typed of 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:				
Brookwood Square, LLC	•	. :	·	
If unavailable, the alternate to be used in the state of Florida is:				

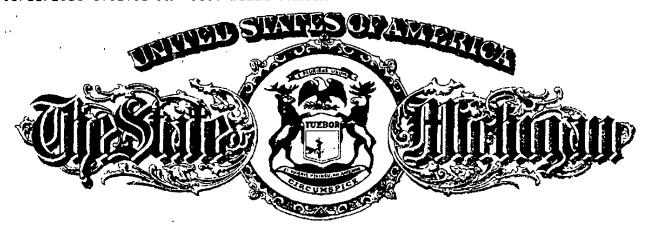
2. The name and the Florida street address of the registered agent and office are:

Robert J. Goeb	pel
	(Name)
9770 Old Bay	Meadows Rd., Suite 141
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
Jacksonville	FL 32256
	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 605, Florida Statutes.

Robert J. (Signature)

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





This is to Certify That

#### BROOKWOOD SQUARE, LLC

was validly organized on November 28, 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.



Sent by Facsimile Transmission 1247706

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of August, 2014

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau