

M14000008524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-70612

Office Use Only



400266181204

11/17/14--01018--022 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC -1 AM 10:01

FILED

DEC 01 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 24, 2014

MEGHAN W. CASSIDY  
SMV LAW OFFICES  
37000 GRAND RIVER AVE., STE. 350  
FARMINGTON HILLS, MI 48335

SUBJECT: ATLANTIC MIDWEST, LLC  
Ref. Number: W14000070612

We have received your document for ATLANTIC MIDWEST, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 114A00024941

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC - 1 AM 10: 01

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Atlantic Midwest, LLC**

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:

**Meghan W. Cassidy**

Name of Person

**SMV Law Offices**

Firm/Company

**37000 Grand River Ave., Ste. 350**

Address

**Farmington Hills, MI 48335**

City/State and Zip Code

**Mcassidy@smv-law.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Meghan Cassidy**

Name of Contact Person

at **248**

Area Code

**442-0510**

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED  
2014 DEC - 1 AM 10:01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Atlantic Midwest, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. Michigan

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 36700 Grand River Avenue

Farmington Hills, Michigan 48335

(Street Address of Principal Office)

6. 36700 Grand River Avenue

Farmington Hills, Michigan 48335

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David Clapper, Manager

36700 Grand River Ave.

Farmington Hills, MI 48335

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)



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. 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.)

Meghan W. Cassdiy

Typed or printed name of signee

FILED  
2014 DEC - 1 AM 10:01  
DEPARTMENT OF STATE  
TREASURER OF FLORIDA

**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:

**Atlantic Midwest, 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:

**Mitchell T. McRae**

(Name)

**300 W. Atlantic Ave. Ste. 412**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Delray Beach**

**FL**

**33484**

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.*

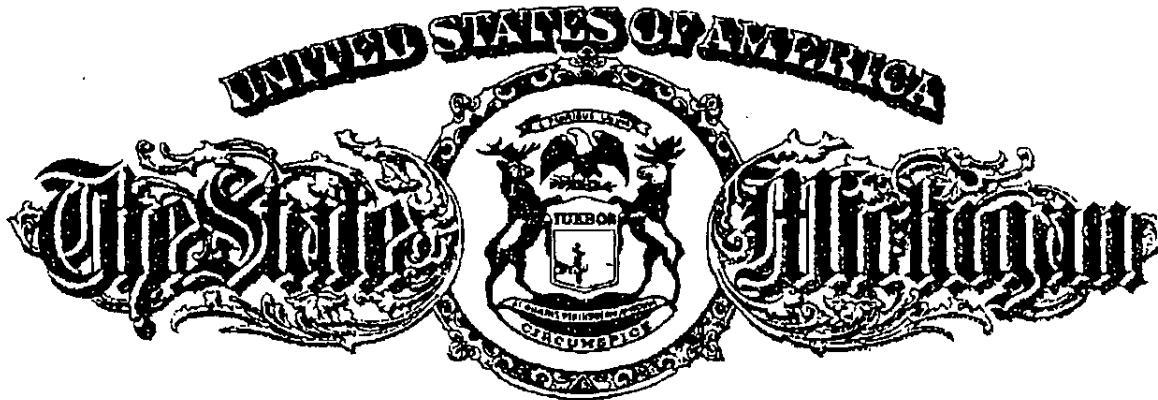
(Signature)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 DEC -1 AM 10:01

**FILED**



**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*

**ATLANTIC MIDWEST, LLC**

*was validly organized on November 3, 1998 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  
1281126

*In testimony whereof, I have hereunto set my hand,  
In the City of Lansing, this 5th day of November, 2014*

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau