# MU5000001293

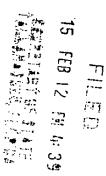
(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
L				

Office Use Only



600269322556

02/12/15--01020--024 \*\*125.00



M. MILLIGAN EXAMINER

FEB 18 2015

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MG Fontana One, 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:				
Allie T. Mallad				
Name of Person				
MG Fontana One, LLC				
Firm/Company				
One Towne Square, Suite 180				
Address				
Southfield, MI 48076				
City/State and Zip Code				
alliemallad1@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bob Vendittelli 248 504-8034				
Name of Contact Person Area Code 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:  I \$125.00 Filing Fee \$				

## 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: MG Fontana One, 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.") State of Michigan (Jurisdiction under the law of which foreign limited liability company is organized) October 1, 2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 33195 US 19N, Suite D3 Palm Harbor, Florida, 34684 (Street Address of Principal Office) One Towne Square, Suite 180 Southfield, Michigan 48076 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Allie T. Mallad, Owner One Towne Square, Suite 180 Southfield, Michigan 48076 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.) Allie T. Mallad

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

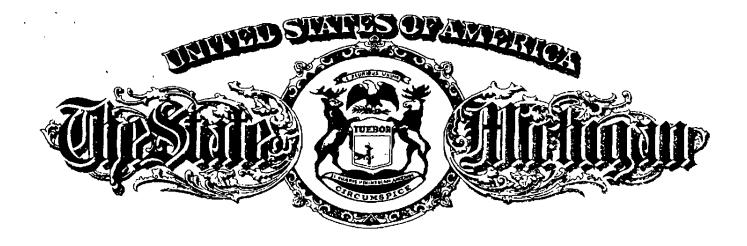
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	of the Limited Liability Co		
If unavailable,	the alternate to be used in	the state of Florida is:	
2. The name a	nd the Florida street addre	ess of the registered agent and office are:	
	Allie T. Mallad		元前 あ
		(Name)	
33195 US N, Suite D3		でで	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Palm Harbor	FL 34684	
		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)



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### MG FONTANA ONE, LLC

was validly organized on September 8, 2014 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 27th day of January, 2015

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau