

M1500 0002753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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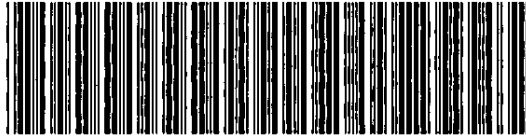
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 26 AM 9:33
CLERK OF SUPERIOR COURT
JULIA S. BROWN

APR 16 2015
J. G. Brown

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ann Arbor Gardens NW 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:

Crystle Partington
Name of Person

Ann Arbor Gardens
Firm/Company

1117 Red Oak
Address

Ann Arbor, MI 48103
City/State and Zip Code

a2gardens@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystle Partington at (313) 274-1356
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:

☐ \$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

**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:

Ann Arbor Gardens NW LLC

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

A2gardens NW LLC

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

Gary Gale
(Name)

5940 HARVEY TEW RD.
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plant City FL 33565
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.

Gary Gale
(Signature)

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

FILED
15 MAR 26 AM 9:33
CLERK OF CIRCUIT COURT
JESSIE F. LINDEN

**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. Ann Arbor Gardens N.W. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

A2 Gardens NW 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 3. 26-2166526
(Jurisdiction under the law of which foreign limited liability company is organized) (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. _____
1117 Red Oak, Ann Arbor, MI 48103
(Street Address of Principal Office)

6. _____
11
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are
Crystle Partington
Owner
1117 Red Oak, Ann Arbor, MI 48103

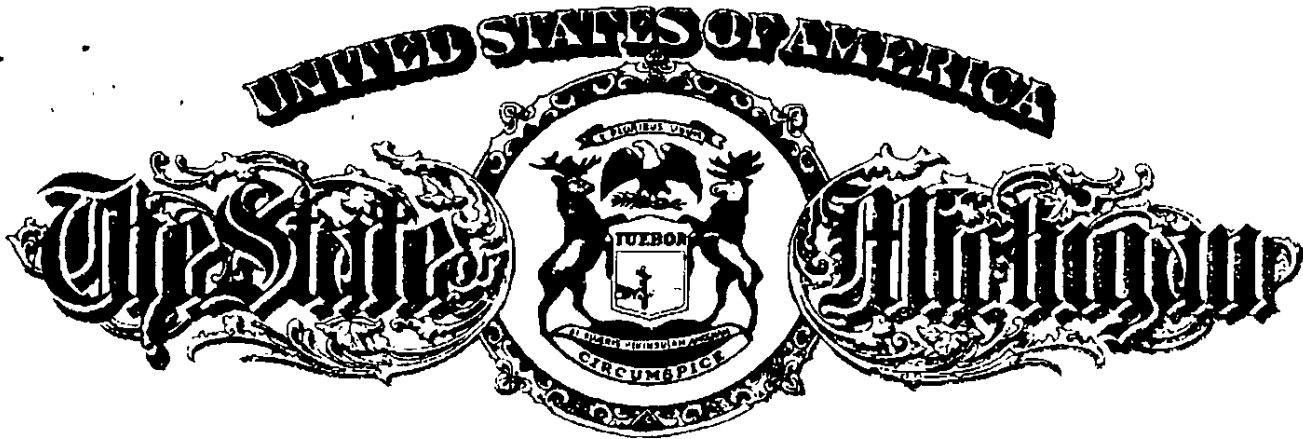
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15 MAR 26 AM 9:33
TALLAHASSEE, FLORIDA

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)

Crystle Partington
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.)

Crystle Partington
Typed or printed name of signee



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

ANN ARBOR GARDENS NW LLC

was validly organized on May 5, 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.

FILED
15 MAR 26 AM 9:39
CLERK OF STATE
TREASURY



Sent by Facsimile Transmission
1297979

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 12th day of March, 2015*

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