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(City)	/State/Zip/Phone	#)
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K.S.NLY EXAMINER MAR 10



February 1, 2016

MARK GAGALIS MESSMORE LIG KEY WEST LLC 214 S MAIN ST, STE. 301 ANN ARBOR, MI 48104

SUBJECT: LIG KEY WEST LLC Ref. Number: W16000006845

We have received your document for LIG KEY WEST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00002081

### **COVER LETTER**

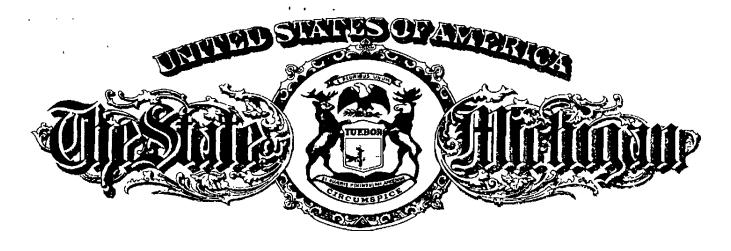
	gistration Section vision of Corporat	ions			
SUBJECT:	LIG KEY WEST	LLC			
<b></b>		Name of	Limited Liability	Company	
The enclose Existence, a	d "Application by F nd check are submi	oreign Limited Liability Com tted to register the above refe	ipany for Authoriz renced foreign lim	ation to Ti ited liabili	ransact Business in Florida," Certificate ty company to transact business in Florid
Please return	n all correspondence	e concerning this matter to the	e following:		
	MARK GAG	ALIS MESSMORE			
		Ŋ	Name of Person	<u></u>	
	LIG KEY W	EST LLC			
		F	Firm/Company		
	214 S MAIN	ST STE 301			
	· · · · · · · · · · · · · · · · · · ·		Address		
	ANN ARBO	R, MI 48104			
		City/S	State and Zip Code	<del></del>	
	mark@ligkeyw	rest.com			
	<del></del>	E-mail address: (to be use	ed for future annua	l report no	tification)
For further in	nformation concerni	ing this matter, please call:			
MA	ARK GAGALIS MI	ESSMORE	734 at (	846-96	660
	Name	of Contact Person	Area Code	Da	ytime Telephone Number
Div Reg P.O	ision of Corporation istration Section . Box 6327 lahassee, FL 32314			Division Registrat Clifton E 2661 Ex-	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301
	check for the follo 125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		☐ \$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:

If name unavailable, enter a liability Company," "L.L.C.	alternate name adopted for the purposition of "LLC.")	ose of tra	nsacting busine	ess in Florida	. The alterna	ate name must includ
MICHIGAN		2	47-3130959			
	of which foreign limited liability	<i>J</i> .		(FEI nun	ber, if appli	icable)
04/01/2015						
	(Date first transacted busi (See sections 605.0904 & 60	ness in Fl	lorida, if prior t	o registration	ı.) bility)	
532 DUVAL ST	·			. ,	• *	54 PM
KEY WEST, FL 3304	0 -		•	· <del></del>		<b>1 1 1 1 1 1 1 1 1 1</b>
	(Street Address o	f Principa	al Office)		<del></del> .	
. <u>214 S MAIN ST STE 3</u>	301					(g. 1) r.e
ANN ARBOR, MI 48	104					五交
		g Address	<u> </u>			
. Name and street address	ss of Florida registered agent: (	P.O. Bo	x NOT accep	table)		اسب مهر م
Name:	MARK GAGALIS MESSMO	ORE				
	532 DUVAL ST			_	•	
Office Address:	KEY WEST			_	22040	
	(City)			_, Florida	33040 (Zip cod	
egistered agent's accep	tance:				•	
esignated in this applica complywith the provision	egistered agent and to accept se tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis	ntment a e proper	is registered a	igent and a e performat	gree to act	in this capacity. I
3. The name, title or capa MARK GAGALIS MESS	acity and address of the person(s SMORE, OWNER	i) who h	as/have author	rity to mana	ge is/are:	
32 DUVAL ST						
22 DO AVE ST						
LEY WEST, FL 33040						

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### LIG KEY WEST LLC

was validly organized on February 13, 2015 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 23rd day of February, 2016

Julia Dale, Acting Director

Corporations, Securities & Commercial Licensing Bureau