

M16 00000 4240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

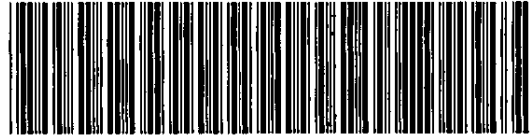
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/23/16--01010--005 \*\*125.00

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16 MAY 25 AM 11:58  
SECRETARY OF STATE  
HALLAMASSSE, LONDON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NEUROCORE, 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:

Jason Mahar  
Name of Person

Windquest Group, Inc.  
Firm/Company

201 Monroe Ave. NW, Suite 500  
Address

Grand Rapids, MI 49503  
City/State and Zip Code

jasonm@windquest.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Mahar at ( 616 ) 988.0660  
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:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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:

1. Neurocore, 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 3. 56-2684113  
(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. 201 Monroe Ave. NW, Suite 300  
Grand Rapids, MI 49503  
(Street Address of Principal Office)

6. 201 Monroe Ave. NW, Suite 300  
Grand Rapids, MI 49503  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

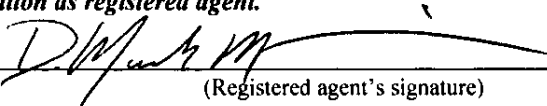
Name: Mark Murrison

Office Address: 2301 Blades Road, Bay 700

Boca Raton, Florida 33461  
(City) (Zip code)

**Registered agent's acceptance:**

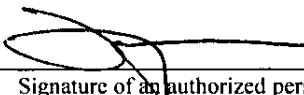
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

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

Mark Murrison / CEO / 201 Monroe Ave. NW, Suite 300, Grand Rapids, MI 49503  
Rick Kuiper / President / 201 Monroe Ave. NW, Suite 300, Grand Rapids, MI 49503

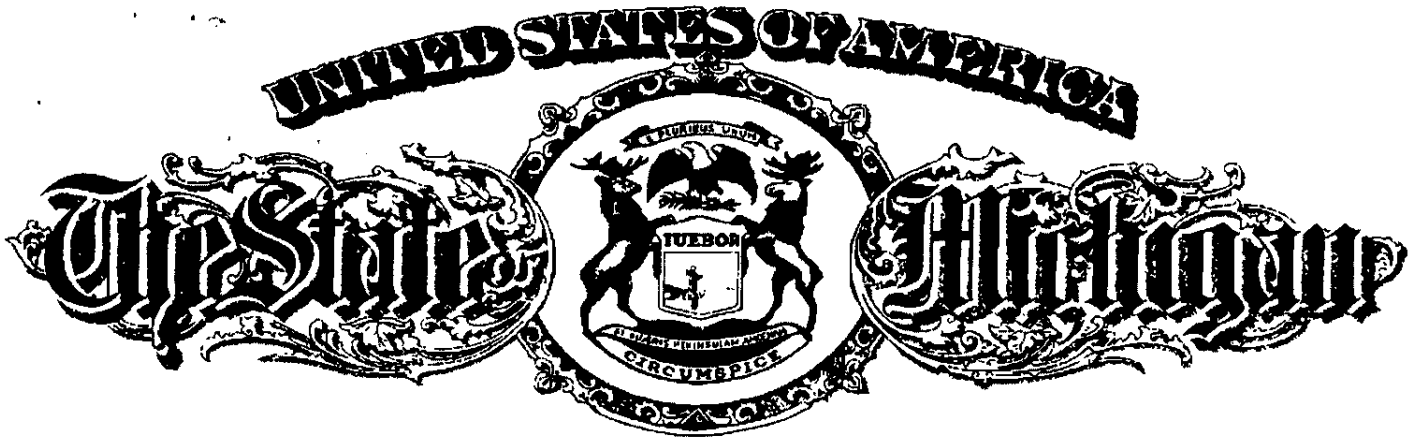
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

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.

Richard Kuiper  
Typed or printed name of signee

11:00  
16 MAY 25 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**NEUROCORE, LLC**

*was validly organized on May 10, 2006 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  
1383098

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 9th day of May, 2016*

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau