

(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Edita Corporation

315 West Bores, Seita 240

Am Arter, M 49103

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

August 12, 2016

Re: Bruce Abramson LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Bruce Abramson to file the enclosed Registration for Bruce Abramson LLC.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

COVER LETTER

TO:

Registration Section

Div	rision of Corporations	S							
CUB IECT.	Bruce Abramson LLG	C							
SUBJECT:	Name of Limited Liability Company								
The enclosed Existence, as	d "Application by Fore nd check are submitted	rign Limited Liability Compa to register the above refere	any for Authorizat need foreign limit	tion to Tran ed liability	nsact Business in Florida," C company to transact busines	ertificate of s in Florida			
Please return	n all correspondence co	oncerning this matter to the f	following:						
	Edward Stahlin								
		Name of Person							
	Direct Incorporation Firm/Company								
315 W Huron St STE 240									
			Address		-w- 				
	Ann Arbor, MI 48103								
		City/St	ate and Zip Code						
	documents@direc	etincorporation.com							
		E-mail address: (to be used	for future annual	report noti	fication)				
For further i	information concerning	this matter, please call:							
Ed	ward Stahlin		877 at (281-649	6				
	Name of	f Contact Person	Area Code	Dayı	time 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							
	a check for the followi \$125.00 Filing Fee	ing amount: \$\Boxed{\text{\$\}\$}}\text{\$\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy				

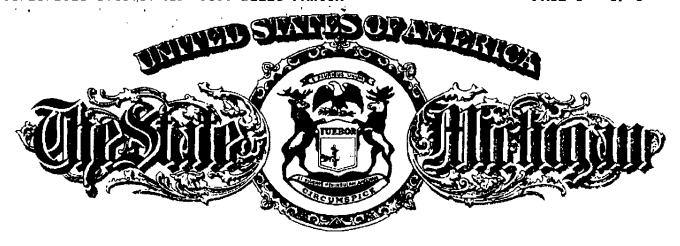
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

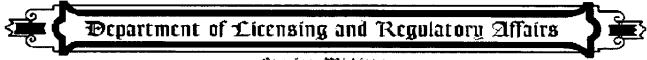
IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bruce Abramson LLC (Name of Fore	eign Limited Liability Company; r	must include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")
	ternate name adopted for the purp	pose of transacting busines	ss in Florida. The alternate nar	me must include "Limited
Liability Company," "L.L.C,'	" or "LLC.")			
Michigan	6 1 1 6 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	3	(FEI number, if applicable	
company is organized)	of which foreign limited liability		(FEI number, if applicable)
1 .				
-	(Date first transacted bus (See sections 605.0904 & 6	siness in Florida, if prior to 505.0905, F.S. to determin	o registration.) e penalty liability)	_
5				<u></u>
1055 Sherbrooke St, Co	ommerce Township, MI 48382	2		
	(Street Address of	of Principal Office)		
5,				
	ommerce Township, MI 48382	2		6
	(Mailin	ng Address)		- E B I
7. Name and street addres	s of Florida registered agent:	(P.O. Box NOT accept	table)	SSS 18
Name:	Bruce Abramson			mo z M
	7114 Orchid Island		_	AH IO: 50
Office Address:	7114 Orcina Island		_	SR 5
	Bradenton		, Florida <u>34202</u>	
Registered agent's accep	(City)		(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept s tion, I hereby accept the appo ons of all statutes relative to the my position as registered agen (Reg	otherment as registered a the proper and complete	ngent and agree to act in the performance of my dutie	his capacity. I further agree
8. The name, title or capa	\acity and address of the person	ı(s) who has/have autho	rity to manage is/are:	
Bruce Abramson, MGRM	I 1055 Sherbrooke St, Con	mmerce Township, MI	48382	
				
9. Attached is a certificate jurisdiction under the law of the translator must be so		pecrtificate is in a forei	gn language, a translation o	custody of records in the of the certificate under oath
	Signati	ture of an authorized perso	on .	
	d in accordance with section 60 the Department of State cons			

Typed or printed name of signee

Bruce Abramson





Lansing, Michigan

This is to Certify That

BRUCE ABRAMSON LLC

was validly organized on June 14, 2016 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 1393568

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of June, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau