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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

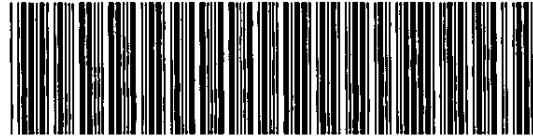
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/14/16--01010--024 \*\*130.00

16 OCT 21 AM 11:19

OCT 25 2016  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEULIETTE PARTNERS, 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:

BLAKE OBER

Name of Person

COX MARITIME LAW

Firm/Company

1005 W INDIANTOWN RD, #202

Address

JUPITER, FL 33458

City/State and Zip Code

BLAKE@COXMARITIMELAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLAKE OBER

at ( 561 )

747-8266

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



October 17, 2016

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RECEIVED  
2016 OCT 21 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RE: Leuliette Partners, LLC.

To Whom It May Concern:

As per your letter dated 10/12/16, please find enclosed revised application noting the title of the Manager.

Should you have any questions or need anything further, please let me know.

Regards,

A handwritten signature in black ink, appearing to read 'Blake L. Ober'.

Blake L. Ober

TH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2016

BLAKE OBER  
1005 W INDIANTOWN RD #202  
JUPITER, FL 33458

SUBJECT: LEULIETTE PARTNERS, LLC  
Ref. Number: W16000043715

We have received your document for LEULIETTE PARTNERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 016A00012769

16 OCT 21 AM 11:19  
Jenna D Harris  
Regulatory Specialist II



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2016

BLAKE OBER  
1005 W INDIANTOWN RD #202  
JUPITER, FL 33458

SUBJECT: LEULIETTE PARTNERS, LLC  
Ref. Number: W16000043715

2016 OCT 11 PM 3:18

We have received your document for LEULIETTE PARTNERS, LLC and your check(s) totaling \$130.00. 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.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 016A00012769

16 OCT 21 AM 11:19

**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. LEULIETTE PARTNERS, 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. 26-2584950  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/24/16  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1005 W. INDIANTOWN RD., #202  
JUPITER, FL 33458  
(Street Address of Principal Office)

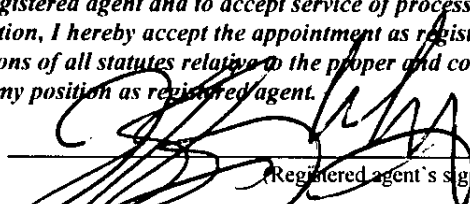
6. 1005 W. INDIANTOWN RD., #202  
JUPITER, FL 33458  
(Mailing Address)

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

Name: COX MARITIME LAW  
Office Address: 1005 W. INDIANTOWN RD., #202  
JUPITER, Florida 33458  
(City) (Zip code)

**Registered agent's acceptance:**

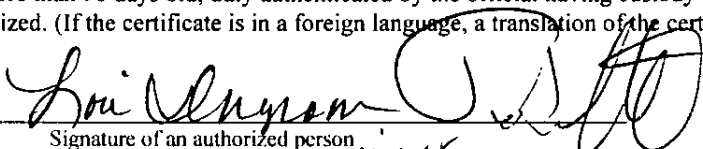
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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:

LORI INGRAM, Manager  
PO BOX 701482  
PLYMOUTH, MI 48170

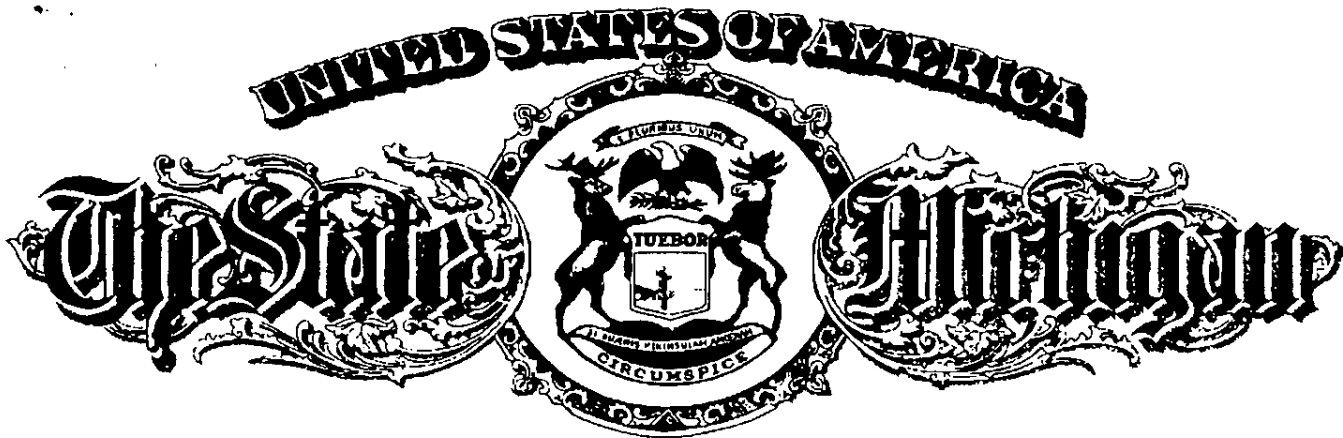
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

  
Signature of an authorized person Manager - Timothy D. Leuliette, Sole Member

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.

TIMOTHY D. LEULIETTE, SOLE MEMBER  
Typed or printed name of signee

16 OCT 21 AM 11:19



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**LEULIETTE PARTNERS, LLC**

*was validly organized on March 7, 2005 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 28th day of September, 2016*

*Julia Dale*

*Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau*