

MI7000003223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

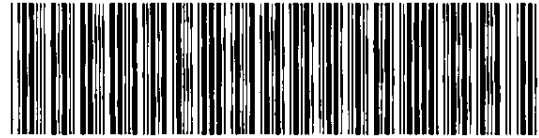
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400297898114

04/13/17--01015--026 **125.00

17 APR 13 PM 5:43
RECEIVED
MICHIGAN SECRETARY OF STATE

APR 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDSUN SERVICES 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:

NEIL ORKIN
Name of Person

Firm/Company

5300 62ND AVE N
Address

ST PETERSBURG FL 33715
City/State and Zip Code

IZABELLA@SUMMERDALE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IZABELLA GWCHOWSKI at (727) 201-2932
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

**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. ENDSUN SERVICES 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. DELAWARE 3. 82-1017914
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NONE YET
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3803 GULF BLVD
ST PETE BEACH FL 33706
(Street Address of Principal Office)

6. 3803 GULF BLVD
ST PETE BEACH FL 33706
(Mailing Address)

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

Name: NEIL ORKIN

Office Address: 5300 62ND AVE N
ST PETERSBURG FL 33715, Florida 33715
(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.

[Signature]
(Registered agent's signature)

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

<u>NEIL ORKIN - MANAGER</u>	<u>DARUSZ GUCHOWSKI - MANAGER</u>	<u>EDUARD BRAILLEAU - MANAGER</u>
<u>5300 62nd Ave N</u>	<u>5465 BATES ST</u>	<u>11125 PARAL BLVD, SUITE 104</u>
<u>ST PETERSBURG, FL 33715</u>	<u>SEMINOLE FL 33772</u>	<u>SEMINOLE, FL 33772</u>

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]
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.

NEIL ORKIN

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ENDSUN SERVCIES LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENDSUN SERVCIES
LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2017.



6350377 8300

SR# 20172172000

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202305210

Date: 03-31-17