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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 11 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: mi Sourcer
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:

Mark Hatfield
Name of Person

mi Sourcer
Firm/Company

P.O. Box 369
Address

Fruitport, MI 49415
City/State and Zip Code

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

For further information concerning this matter, please call:

Amber Hammond at (616) 848-8228
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. mi Sourcer 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
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-4039467
(FEI number, if applicable)
4. 4/17/17
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 6919 Cooley Rd.
(Street Address of Principal Office)
Fruitport, MI 49415
6. PO Box 369
(Mailing Address)
Fruitport, MI 49415

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

Name: Kathryn Senory

Office Address: 3805 Sunnybank Dr
Valrico, Florida FL 33594
(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.

Kathryn Senory
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Managing Partner</u>	<u>Mark Hatfield</u> <u>6919 Cooley Rd.</u> <u>Fruitport, MI 49415</u>	<u>Managing Partner</u>	<u>Pat Fitzgerald</u> <u>25 Lafayette Circle</u> <u>Dowdington, PA 19335</u>

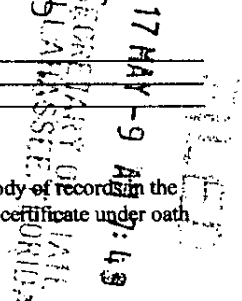
(Use attachments if necessary)

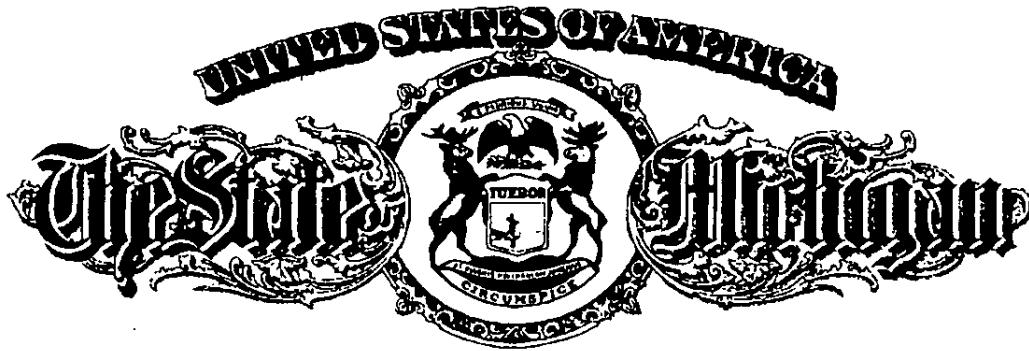
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

[Signature]
Signature of an authorized person

10. 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.

Mark Hatfield
Typed or printed name of signer





This is to Certify That

MISOURCER LLC

was validly organized on November 7, 2013 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
1446844

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 26th day of April, 2017

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau