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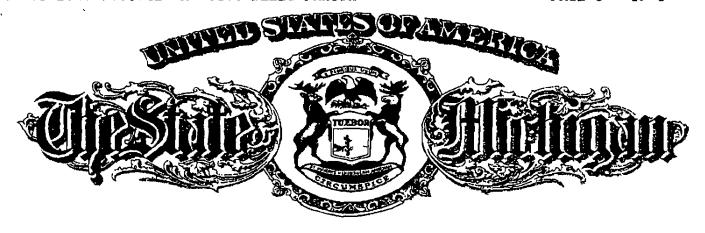
TO: Registration Section Division of Corporations	
SUBJECT: Leshner, LLC	
	mited Liability Company
	ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the fo	ollowing:
Brandon Hess	
Nan	ne of Person
Hess Law Group, PC	
Firm	n/Company
16824 Kercheval Place	e, Suite 210
	Address
Grosse Pointe, MI 4823	30
City/Stat	te and Zip Code
brandon.hess@hesslaw	group.com
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please call:	
Brandon Hess	248 585.5555
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
	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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:

name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
Michigan		3. 38-3338184	
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	(FEI n	umber, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration) inc penalty liability)	
7552 Westmoreland	•	6 Hess Law Group, PC	
(Street Address of P	rincipal Office)	(Mailing A	
Sarasota, FL 34243		16824 Kercheval Place	e, Suite 210
		Grosse Pointe, MI 482	30
			and the second of
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Sharon Leshner		۱۰۰۰ است معنو
Name.			سب اب ا
Office Address:	7552 Westmoreland	<u> </u>	•
	Sarasota	, Florida 34243	
	(City)	, Попаа(Zір	code)
comply with the provision	tion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent.		ect in this capacity. I further
comply with the provision of accept the obligations	ons of all statutes relative to the proper of my position as registered agent. (Registered agent's	and complete performance of n	ny duties, and I am familiar
comply with the provision of accept the obligations The name, title or capa	ons of all statutes relative to the proper of my position as registered agent. (Registered agent's city and address of the person(s) who has	and complete performance of n	nct in this capacity. I further my duties, and I am familiar
comply with the provision of accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who ha	and complete performance of n	nct in this capacity. I further ny duties, and I am familiar
comply with the provision of accept the obligations The name, title or capa	city and address of the person(s) who have and Address: Sharon Leshner	and complete performance of n	nct in this capacity. I further my duties, and I am familiar
comply with the provision of accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who ha	and complete performance of n	nct in this capacity. I further my duties, and I am familiar
comply with the provision daccept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who ha Name and Address: Sharon Leshner	and complete performance of n	nct in this capacity. I further my duties, and I am familiar
comply with the provision of accept the obligations The name, title or capa Title or Capacity:	city and address of the person(s) who ha Name and Address: Sharon Leshner	and complete performance of n	nct in this capacity. I further my duties, and I am familiar
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comply with the provisional accept the obligations The name, title or capa Title or Capacity: Member/Manager	city and address of the person(s) who ha Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243	and complete performance of n	nct in this capacity. I further my duties, and I am familiar
comply with the provisional accept the obligations The name, title or capa Title or Capacity: Member/Manager	city and address of the person(s) who ha Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243	and complete performance of n	nct in this capacity. I further my duties, and I am familiar me
comply with the provisional accept the obligations The name, title or capa Title or Capacity: Member/Manager Use attachments if necess Attached is a certificate	city and address of the person(s) who has Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243	and complete performance of n signature) as/have authority to manage is/are Title or Capacity:	net in this capacity. I further by duties, and I am familiar seems with the seems
comply with the provision of accept the obligations. The name, title or capa Title or Capacity: Member/Manager Use attachments if necess Attached is a certificate risdiction under the law of	city and address of the person(s) who hat Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243 Sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	and complete performance of n signature) as/have authority to manage is/are Title or Capacity:	net in this capacity. I further my duties, and I am familiar Name and Address: having custody of records in
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comply with the provision accept the obligations. The name, title or capa Title or Capacity: Member/Manager Use attachments if necess Attached is a certificate risdiction under the law of	city and address of the person(s) who has Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)	and complete performance of n signature) as/have authority to manage is/are Title or Capacity:	having custody of records in lation of the certificate under
comply with the provision accept the obligations. The name, title or capa Title or Capacity: Member/Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sufficient. This document is executed.	city and address of the person(s) who has Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243 Sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) Signature steed in accordance with section 605.0202	duly authenticated by the official e is in a foreign language, a trans	having custody of records in lation of the certificate under
comply with the provision accept the obligations. The name, title or capa Title or Capacity: Member/Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sufficient. This document is executed.	city and address of the person(s) who has Name and Address: Sharon Leshner 7552 Westmoreland Sarasota, FL 34243 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)	duly authenticated by the official e is in a foreign language, a trans	having custody of records in lation of the certificate under

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

LESHNER, LLC

was validly organized on May 8, 2017 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 1449886

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of May, 2017

Julia Dale, Director

ulia Dale

Corporations, Securities & Commercial Licensing Bureau