

M1700007774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

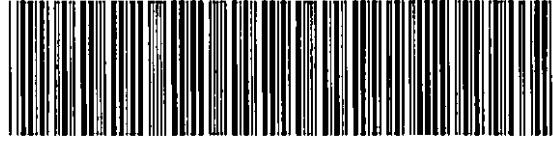
(Business Entity Name)

(Document Number)

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Y SULKEP

**TO: Registration Section  
Division of Corporations**

Please return all correspondence concerning this matter to the following: - PLEASE INCLUDE LETTER OF ACKNOWLEDGMENT.

David J. Wood
Name of Person
Wood Kull Herschfus Obee & Kull PC
Firm/Company
37000 Grand River Ave., Ste. 290
Address
Farmington Hills, MI 48335-2881
City/State and Zip Code
djw@woodkull.com and tbunge@woodkull.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Bunge at ( 248 ) 476-2000  
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:

<p> <input type="checkbox"/> \$125.00 Filing Fee         </p>	<p> <input type="checkbox"/> \$130.00 Filing Fee &amp; Certificate of Status         </p>	<p> <input type="checkbox"/> \$155.00 Filing Fee &amp; Certified Copy         </p>	<p> <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status &amp; Certified Copy         </p>
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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. SE Mich Investing, 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. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 37000 Grand River Ave., Ste. 290 6. Same  
(Street Address of Principal Office) (Mailing Address)  
Farmington Hills, MI 48335-2881

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Dennis Cyrus</u> <u>PO Box 2271</u> <u>Farmington Hills, MI 48333-2271</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)

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.

\_\_\_\_\_  
Signature of an authorized person

David J. Wood, Attorney

\_\_\_\_\_  
Typed or printed name of signee

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 SE Mich Investing, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

Enter the name of the alternate name adopted for the purpose of transacting business in Florida. The alternate name must include the name of the foreign company. (If no alternate name is adopted, enter "None.")

2 Michigan 3 \_\_\_\_\_  
(Indicate the state or country in which the foreign limited liability company is organized) (Indicate the state or country in which the company is organized)

4 37000 Grand River Ave., Ste. 290  
(If the first transacted business in Florida is prior to registration, please sections 605.0604 & 605.0605, F.S., to determine penalties, if any.)  
(Street Address of Principal Officer)

6 Same  
(Mailing Address)

Farmington Hills, MI 48335-2881

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

Name: InCorp Services, Inc.

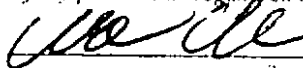
Office Address: 17888 67th Court North

Loxahatchee

Florida 33470

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.



Jessica Chappell on behalf of InCorp Services, Inc.

(Registered agent's signature)

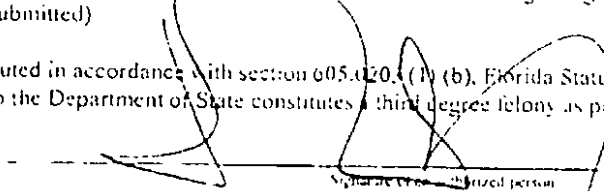
8 The name, title or capacity and address of the person(s) who has have authority to manage (are):

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Member</u>	<u>Dennis Cyrus</u> <u>PO Box 2271</u> <u>Farmington Hills, MI 48333-2271</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)

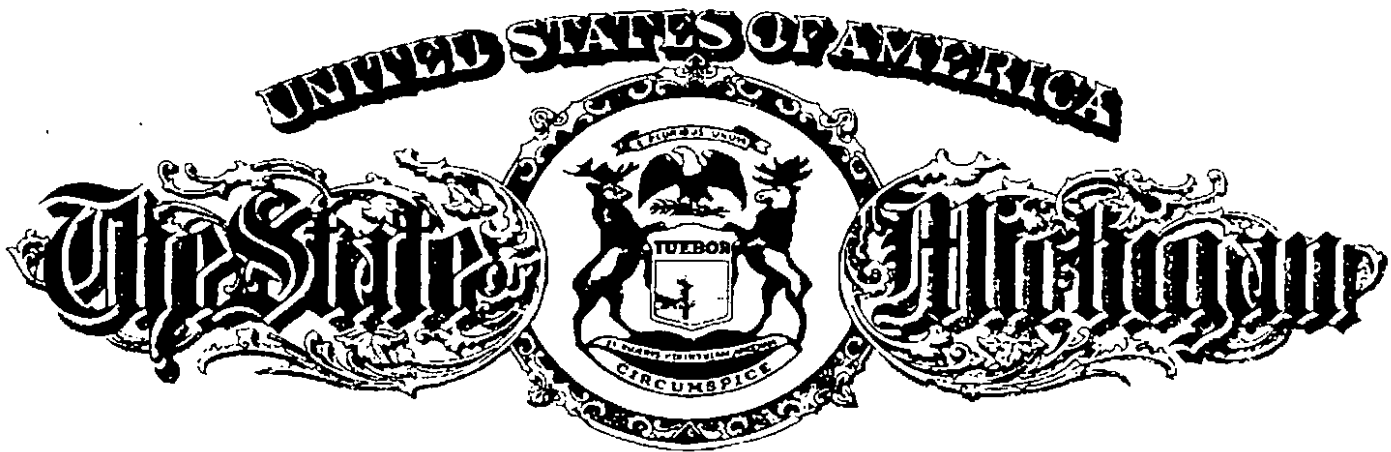
10 This document is executed in accordance with section 605.0602, (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



(Signature of authorized person)

David J. Wood, Attorney

(Typed or printed name of signer)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**SE MICH INVESTING, LLC**

*was validly organized on August 17, 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.*

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 31st day of August, 2017*

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau