

117000008299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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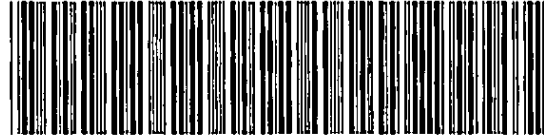
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2017

SANFORD RING
17101 MICHIGAN AVE
DEARBORN, MI 48126

SUBJECT: SPACE TO THRIVE, PLLC
Ref. Number: W17000073930

2017 SEP 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SPACE TO THRIVE, PLLC and your check(s) totaling \$160.00. 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.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 117A00018736

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17 SEP 28 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Space To Thrive, PLLC

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:

Sanford Ring

Name of Person

Ghafari Associates, L.L.C.

Firm/Company

17101 Michigan Avenue

Address

Dearborn, Michigan 48126

City/State and Zip Code

registration@ghafari.com

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

For further information concerning this matter, please call:

Sanford Ring

Name of Contact Person

313

at (_____) Area Code

441-3000

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

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17 SEP 28 AM 11:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. Space To Thrive, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Space To Thrive Professional Services, PLLC
(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. _____
(FEL number, if applicable)
4. Have not transacted.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 17101 Michigan Avenue
(Street Address of Principal Office)
Dearborn, Michigan 48126
6. 17101 Michigan Avenue
(Mailing Address)
Dearborn, Michigan 48126

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

Jill Morrison - Jill Morrison, Asst. Secretary for CT Corporation System
(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>Raymond Clark</u> <u>122 S. Michigan Ave., #1500</u> <u>Chicago, IL 60603</u>	<u>Member</u>	<u>Scott Heywood</u> <u>2816 6th Ave. So.</u> <u>Birmingham, AL 35233</u>
<u>Member</u>	<u>Tim Mize</u> <u>2816 6th Ave. So.</u> <u>Birmingham, AL 35233</u>	<u>Member</u>	<u>Robert Stevenson</u> <u>17101 Michigan Ave.</u> <u>Dearborn, MI 48126</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.

Sanford Ring
Signature of an authorized person

Sanford Ring

Typed or printed name of signer

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17 SEP 28 AM 11:51
TAMPA, FLORIDA
STATE DEPARTMENT OF REVENUE

Title/ Capacity**Name/Address**

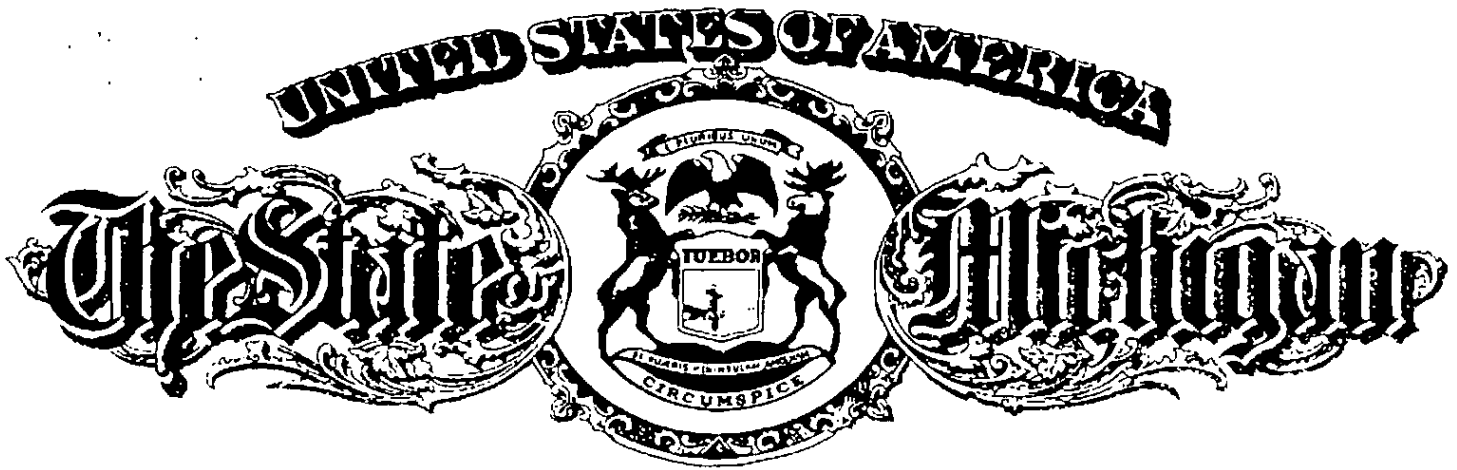
Member

Mohan Sabapathy
17101 Michigan Ave.
Dearborn, MI 48126

Member

Gregory Enos
122 So. Michigan Ave., #1500
Chicago, IL 60603

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SEC. 17.1 B. 17.1
TAL. 17.1 B. 17.1



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SPACE TO THRIVE, PLLC

was validly organized on August 31, 2017 as a Professional 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.

FILED
17 SEP 28 AM 11:51
SECRETARY OF STATE
LANSING, MICHIGAN

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

Julia Dale

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau