## M17000009848

(Requestor's Name)
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J. HARRIS

## **COVER LETTER**

TO:

Registration Section Division of Corporations

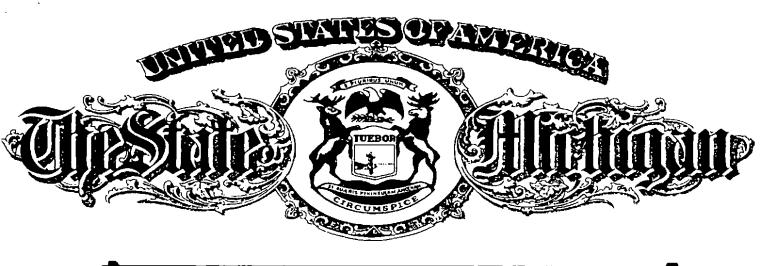
SUBJECT:	ALLEG	ANT Tek	USA LLC	
	3	Name of 1	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all	correspondence (	concerning this matter to the	following:	
	Edw	in Grullon-	Porez	
		N	ame of Person	
	ALLeg	iant Tek C	159 LLC	
	536	Beth Ann 3	+	
	•		Address	
	Valk	co Florid	A 33594	
		•	-	
	egpi	intacts 820		
		E-mail address: (to be used	for future annual report no	ification)
For further infor	mation concernin	g this matter, please call:		
Ed	win bec	1100 - PEREZ	at (616 ) 35	0 8633
	Name o	t Contact Person	Area Code Day	time Telephone Number
	ING ADDRESS: on of Corporations			ADDRESS: of Corporations
	ation Section	,		ion Section
	ox 6327		Clifton B	
l allaha	issee, FL 32314			ccutive Center Circle see, FL 32301
	eck for the follow 5.00 Filing Fec	ring amount:  3 \$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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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

		of transacting business in Florida. The alternate na	ame must include "Limited
Liability Company,""L.L.C 2 State of		3. 47 - 40 7 89 41 (FEI number, if applicable	
(Jurisdiction under the lav company is organized)	Michiga ル v of which foreign limited liability	(FEI number, if applicable	(c)
4	(Date first transacted business	s in Florida, if prior to registration.)	
<b>~</b> 2 1 .1 ~1	(See sections 605,0904 & 605.0	905, F.S. to determine penalty liability)	
5. <u>536 Beth</u>			
Vairico	Flanida 33594 (Street Address of Pr	incipal Office)	<del>-</del> , 20
6. 536 Beth	an st		
		94 ddress)	
7. Name and street addre	ess of Florida registered agent: (P.C	D. Box NOT acceptable)	· P
Name:	Registered Agents Inc.		بب
			· Ca
Office Address:	3030 N. Rocky Point Dr. ST	ΓΕ 150A	_
Office Address:	3030 N. Rocky Point Dr. ST Tampa	<del></del>	
Registered agent's acce	Tampa (City)	, Florida 33607 (Zip code)	bility company at the place
Registered agent's acce Having been named as r designated in this applic to complywith the provis	Tampa  (City)  ptance: egistered agent and to accept servication, I hereby accept the appointmions of all statutes relative to the pimy position as registered agent.	, Florida 33607	his capacity. I further agree
Registered agent's acce Having been named as r designated in this applic to complywith the provis accept the obligations of	Tampa  (City)  ptance: egistered agent and to accept servication, I hereby accept the appointm ions of all statutes relative to the polymy position as registered agent.  (Register	Florida 33607  (Zip code)  ce of process for the above stated limited lia nent as registered agent and agree to act in to roper and complete performance of my duti	his capacity. I further agree
Registered agent's acce Having been named as r designated in this applica- to complywith the provis- accept the obligations of 8. The name, title or cap	Tampa  (City)  ptance: egistered agent and to accept servication, I hereby accept the appointmions of all statutes relative to the property position as registered agent.  (Register pacity and address of the person(s) verified to the person of the person	Florida 33607  (Zip code)  ce of process for the above stated limited lia nent as registered agent and agree to act in troper and complete performance of my dution agent's signature)  who has/have authority to manage is/are:	his capacity. I further agree
Registered agent's acce Having been named as r designated in this applica- to complywith the provis- accept the obligations of 8. The name, title or cap	Tampa  (City)  ptance: egistered agent and to accept servication, I hereby accept the appointm ions of all statutes relative to the polymy position as registered agent.  (Register	Florida 33607  (Zip code)  ce of process for the above stated limited lia nent as registered agent and agree to act in troper and complete performance of my dution agent's signature)  who has/have authority to manage is/are:	his capacity. I further agree
Registered agent's acce Having been named as r designated in this applica- to complywith the provis- accept the obligations of 8. The name, title or cap	Tampa  (City)  ptance: egistered agent and to accept servication, I hereby accept the appointmions of all statutes relative to the property position as registered agent.  (Register pacity and address of the person(s) verified to the person of the person	Florida 33607  (Zip code)  ce of process for the above stated limited lia nent as registered agent and agree to act in troper and complete performance of my dution agent's signature)  who has/have authority to manage is/are:	his capacity. I further agree

Eduin 6 multor - penaz Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ALLEGIANT TEK USA, LLC

was validly authorized on May 11, 2015, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and 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 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 electronic transmission

Certificate Number: 17111272460

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of November, 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.