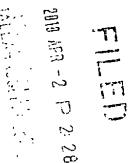
## MECOCOUSZESO

(Requestor's Name)								
( requests to the rest								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								



04/02/18--01049--026 \*\*125.00



Office Use Only

## **COVER LETTER**

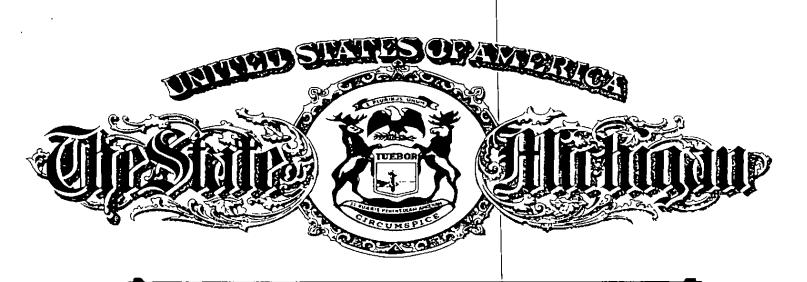
то:		ration Section on of Corporation	ıs						
SUBJE		DEAN KING, LL	C						
SUBJE	C1	Name of Limited Liability Company							
			eign Limited Liability Comp d to register the above refer						
Please re	eturn all	correspondence o	oncerning this matter to the	following:					
		David N. Sower	by, Esq.						
	Name of Person								
	DAVID N. SOWERBY, P.L.								
	Firm/Company								
	2940 South 25th Street								
					<u>.</u>				
	Fort Pierce, FL 34981						₹" <b>~</b> ≥		
	City/State and Zip Code						<u>,                                    </u>	-11	
	David@SowerbyPL.com								
			E-mail address: (to be use	d for future annual	report	notification)	<del></del>	•	
For furth	her infor	mation concerning	g this matter, please call:				τ, τ	Same?	
	David	N. Sowerby		772 at (	464	7900		က် ဘ	
	•	Name o	f Contact Person	Area Code		Daytime Telephon		U	
	Division Registr P.O. Be	ING ADDRESS: on of Corporations ation Section ox 6327 assee, FL 32314			Divisi Regist Clifto 2661	on of Corporation tration Section in Building Executive Center ( massee, FL 32301			
Enclosed		eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigsize \text{S130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filit Certified Copy	ng Fee a		filing Fee, Cert Certified Copy		
_			KING, LLC, a Florid 8 to DEAN KING <u>LA</u>		- 1				

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L DEAN KING, LLC		i						
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L	.L.C.," or "LLC.")					
				<del> </del>				
	name adopted for the purpose of transacting business in F	lorida. The alternate name must	include "Limited Liabi	dity Company," "L.L.C."	or "Ll.C.")			
2. Michigan	high foreign limited liability company is organized)	3	(FEI number, if applicable)					
(Jurisdiction tinger the law of w	men toreign timited trabinity company is organized)		(Piet numbe	т, и аррисаме)				
4								
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty liability)						
5. 13520 Barry Street		6. 1001 Harbor	Street					
(Street Address of	Principal Office)		(Mailing Address)					
Holland, MI 49424		Fort Pierce, 1	FL 34950					
					<del></del>			
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)		2018				
<u> </u>					"17			
Name:	KENNETH ROBERTS			/Pa				
Office Address:	1001 Harbor Street				1			
	Fort Pierce		24050					
	(City)	Flor	ida 34950 (Zip code)	<del>_</del>				
Registered agent's accep	•		(*11). 6324		_			
	egistered agent and to accept service of							
	tion, I hereby accept the appointment							
	ions of all statutes relative to the prope	er and complete perfoi	rmance of my d	uties, and I am fo	imiliar with			
апа ассері іне опидацоп	s of my position as registered agent.							
	Much Crous							
	(Registered agent	's signature)						
8. The name, title or caps	acity and address of the person(s) who l	   has/have authority to h	nanage is/are:					
Title or Capacity:	Name and Address:	Title or Capac		Name and Add	ress:			
Manager	DEAN O. KING							
	801 South Ocean Dr., #1101		<del></del>					
	Fort Pierce, FL 34949				- ·			
	_		<del></del>					
	<del> </del>							
(Use attachments if neces	sary)							
9. Attached is a certificate	of existence, no more than 90 days old	   duly authenticated by	the official hav	zing custody of rec	cords in the			
	of which it is organized. (If the certification							
of the translator must be s			1					
			l <u>.</u>					
	ruted in accordance with section 605.020 the Department of State constitutes a t				ormation			
submitted in a document (	The Department of State constitutes a t	mind degree lelony as p	novided for in s.	.017.1JJ, <b>F</b> .3.				
	Weard- F			_ <del></del>				
	o the Department of State constitutes a t	re of an adthorized person						
	DEAN O KING Manager		1					

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That DEAN KING, LLC

was validly authorized on October 18, 2006, 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: 18034335140

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of March, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau