# M18000003819

(Re	equestor's Name)	<u> </u>				
(Ac	(Address)					
(Ac	ddress)	<del></del>				
(Či	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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April 12, 2018

BRYAN SPENCER 2565 W MAPLE ROAD TROY, MI 48084 US

SUBJECT: SECURE ASSET MANAGEMENT, LLC

Ref. Number: W18000029331

We have received your document for SECURE ASSET MANAGEMENT, LLC and your check(s) totaling \$130.00. 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 the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 018A00007369

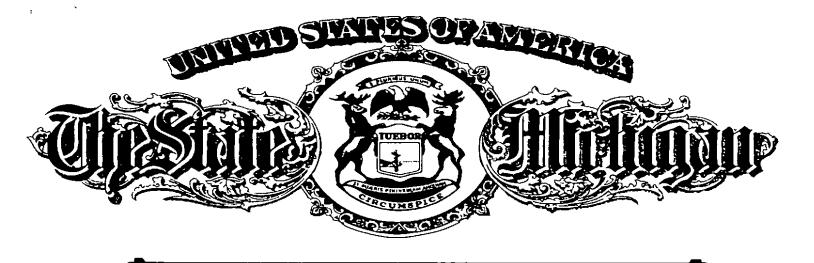
### COVER LETTER

SUBJECT:	Secure Asset Manag							
JOBSILC 1.		Name of Limited Liability Company						
					ansact Business in Florida," Certificate of company to transact business in Floric			
Please return	all correspondence	concerning this matter to the	following:					
	Bryan Spencer							
		N	ame of Person					
	Secure Asset N	lanagement, LLC						
	<del></del>	F	irn/Company		<del></del>			
	2565 W. Maple	Road						
			Address					
	Troy, MI 4808-	1						
		City/S	State and Zip Code					
	bspencer@secur	einvestorsgroup.com						
		E-mail address: (to be use	d for future annual	report no	tification)			
For further i	nformation concernin	g this matter, please call:						
Bryan Spencer		248 at (	435-04					
	Name o	of Contact Person	Area Code		time Telephone Number			
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section ). Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section cuilding ceutive Center Circle see, FL 32301			
	a check for the follow \$125.00 Filing Fee	ring amount:  \$\Bigsim \\$130.00 \text{Filing Fee & Certificate of Status}	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

## 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:

1. Secure Asset Managem					
	Limited Liability Company; must i				
S Asset	Managestunt	166			
(If name unavailable, enter alternate n	ame adopted for the purpose of transactir	ng business in Florida	The alternate name mu	st include "Limited Liabi	hty Company," "L. L. C," or "ELC ")
<sub>2.</sub> Michigan			3. 14-199622		
(Jurisdiction under the law of w)	hich foreign limited liability company is o	rgunized)		(FEI numbe	r, if applicable)
•					
4	(Date first transacted business in F	londa, if prior to reg	istration.)		
	(See sections 605 0904 & 605 090	5, F.S. to determine	penalty hability)		- •
5. 2565 W. Maple Road (Street Address of F	D		6	(Mailing Addre	<u>~</u>
Troy, MI 48084	enneipai Office)			(Maning Addre	
-					
					82 _ M
<ol><li>Name and street address</li></ol>	ss of Florida registered agent				世紀 子 で
Name:	None Jans Me	PSTER			A FI
Name.		<u> </u>			<u> </u>
Office Address:	7141 Java	Drive			9.
	Savasota			orida 34241	
		(City)	, , FIC	Orida	
	s of my position as registere			ormance of my d	uties, and I am familiar with
	/				
8. The name, title or capa Title or Capacity:	acity and address of the personant Name and Address		have authority to Title or Capa	•	Name and Address:
		<u> </u>	Title of Capa	ichv.	Name and Address.
Owner	Bryan Spencer			<u> </u>	
	2565 W. Maple R Trov. MI 48084	oad			<del></del>
	443212 2144 31321				
				<del></del>	
(Use attachments if neces	sarv)			•	
	of which it is organized. (If t				ring custody of records in the on of the certificate under oath
	uted in accordance with secti				
submitted in a document to	the Department of State cor	istitutes a third	l degree felony as	provided for in s.	817.155, F.S.
	SA/1				
		Signature of	an authorized person	,	
	۷ -				
	Bryan Spencer				
		Typed or pr	inted name of signee		



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SECURE ASSET MANAGEMENT, L.L.C.

was validly authorized on April 13, 2007, 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: 18044620250

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of April, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau