

M18000004332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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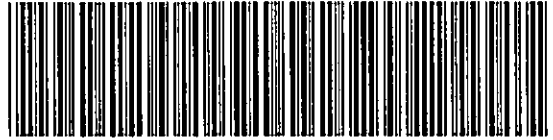
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE

2018 MAY -3 AM 11:45

FILED

MAY 04 2018
J. HARRIS

AKEEL & VALENTINE, PLC
ATTORNEYS AND COUNSELORS
888 W. BIG BEAVER ROAD
SUITE 420
TROY, MICHIGAN 48064-4736
TEL: (248) 269-9595
FAX: (248) 269-9119
www.akeelvalentine.com

SHEREEF H. AKEEL, P.C.
GLENN L. VALENTINE, P.C.
HASAN KAAKARLI
ADAMS. AKEEL

DEARBORN OFFICE

1360 PORTER STREET, SUITE 200
DEARBORN, MICHIGAN 48124-2823

May 2, 2018

FEDERAL EXPRESS

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301


Re: Stockbridge Madison LLC

Gentlemen:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business for the above Michigan limited liability company. Also enclosed is a check for \$160.00 payable to the Florida Department of State to cover the cost of filing, a Certified Copy and a Certificate of Status. Please return a copy of all documents to the undersigned.

If you have any questions, please let me know.

Very truly yours,



Glenn L. Valentine

GLV/
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stockbridge Madison LLC
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:

Glenn L. Valentine

Name of Person

Akeel & Valentine, PLC

Firm/Company

888 W. Big Beaver Rd., Suite 420

Address

Troy, MI 48084

City/State and Zip Code

dr.malhadidi@gmail.com

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

For further information concerning this matter, please call:

Glenn L. Valentine at (248) 269-9595

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:

☐ \$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

**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. Stockbridge Madison 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. 46-2926852
(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. 27550 Hoover Rd. 6. 27550 Hoover Rd.
(Street Address of Principal Office) (Mailing Address)
Warren, MI 48093 Warren, MI 48093

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

Name: Mahmoud Al-Hadidi

Office Address: 451 Eagle Ridge Drive
Lake Wales, Florida 33859
(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.

M. S. Al-Hadidi
(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>Manager</u>	<u>Mahmoud Al-Hadidi</u> <u>27550 Hoover Rd.</u> <u>Warren, MI 48093</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

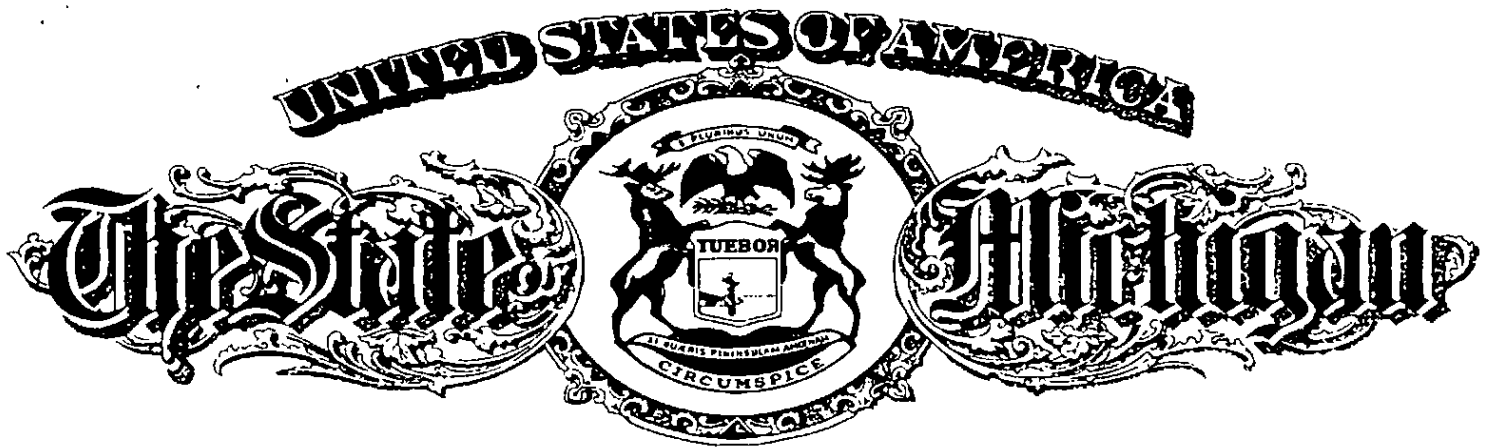
(Use attachments if necessary)

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.

M. S. Al-Hadidi
Signature of an authorized person

Mahmoud Al-Hadidi, Manager
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

STOCKBRIDGE MADISON LLC

was validly authorized on June 7, 2013, 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: 18044716070

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of April, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau