

M18000010974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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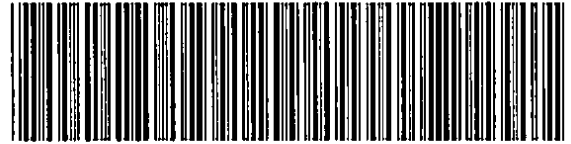
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 29 PM 12:46

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FIFESHIRE SOUTH 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:

ANTHONY J. DIMORA, ESQ

Name of Person

WOODWARD, PIRES & LOMBARDO, P.A.

Firm/Company

606 BALD EAGLE DRIVE, SUITE 500

Address

MARCO ISLAND, FLORIDA 34145

City/State and Zip Code

ADIMORA@WPL-LEGAL.COM

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

For further information concerning this matter, please call:

ANTHONY J. DIMORA

239

394-5161

at ()

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FIFESHIRE SOUTH LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. MICHIGAN

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(EIT number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.
(See sections 605.002 & 605.005, F.S., to determine penalty liability.)

5. 31077 SCHOOLCRAFT ROAD

(Street Address of Principal Office)

LIVONIA, MI 48150

6.

31077 SCHOOLCRAFT ROAD

(Mailing Address)

LIVONIA, MI 48150

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

Name: ANTHONY J. DIMORA, ESQ.

Office Address: 606 BALD EAGLE DRIVE, SUITE 500

MARCO ISLAND

Florida 34145

(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 and be present
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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has have authority to manage is are

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Andrew K. Stewart
31077 Schoolcraft Rd.
Livonia, MI 48150

(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.

Signature of an authorized person

ANDREW K STEWART

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV 29 PM 12:48

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. FIFESHIRE SOUTH 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0902 & 605.0903, F.S. to determine penalty liability)

5. 31077 SCHOOLCRAFT ROAD

(Street Address of Principal Office)

LIVONIA, MI 48150

6. 31077 SCHOOLCRAFT ROAD

(Mailing Address)

LIVONIA, MI 48150

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

Name: ANTHONY J. DIMORA, ESQ.

Office Address: 606 BALD EAGLE DRIVE, SUITE 500

MARCO ISLAND

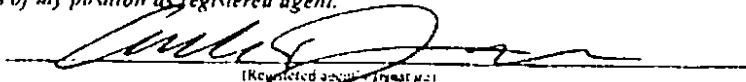
Florida 34145

(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.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

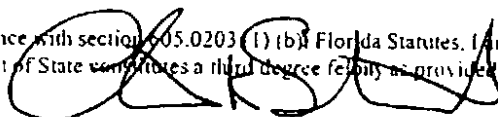
Manager

Andrew K. Stewart
31077 Schoolcraft Rd.
Livonia, MI 48150

(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.



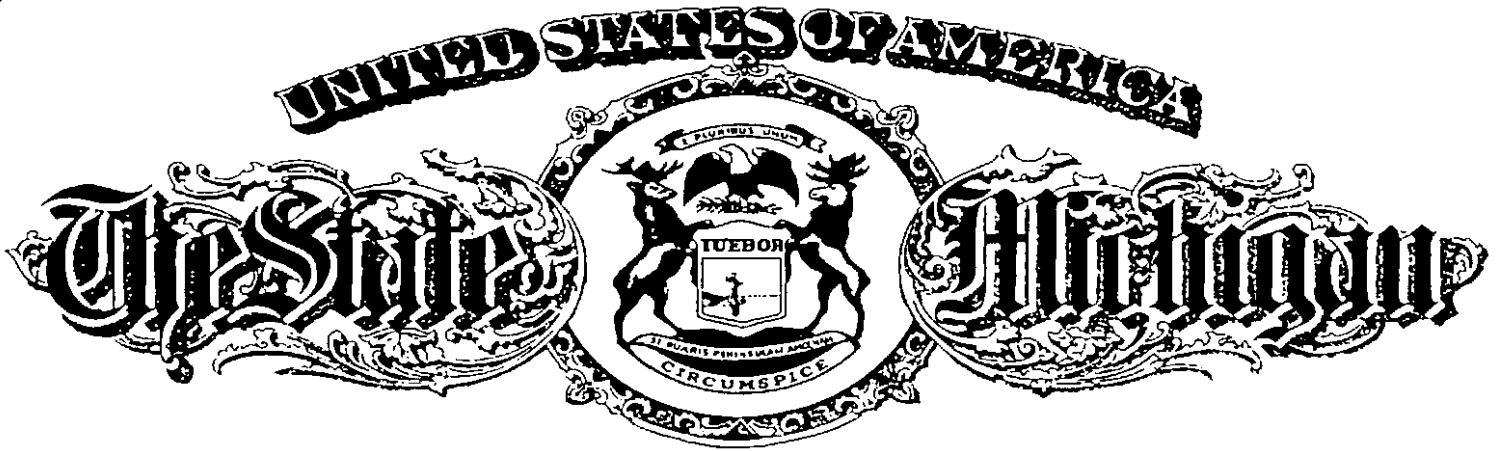
Signature of an authorized person

ANDREW K STEWART

Type or printed name of signer

10 NOV 29 PM 2:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

FIFESHIRE SOUTH LLC

was validly authorized on September 20, 2018, 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.

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 26th day of September, 2018.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau