

M19000005771

6/12/2019

Division of Corporations

Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
Bonita Cypress Associates L.L.C.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Z BROWN

JUN 13 2019

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:

Bonita Cypress Associates L.L.C.

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

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

MICHIGAN

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

(FE number, if applicable)

N/A

(Date that business started in Florida, if prior to registration)
(See sections 605.0921 & 605.0905, F.S. to determine penalty liability)

3400 E. LAFAYETTE

(State Address of Principal Office)

3400 E. LAFAYETTE

(Mailing Address)

DETROIT, MICHIGAN 48207

DETROIT, MICHIGAN 48207

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

Name:

CT Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

CT Corporation System

By:

(Registered agent's signature)

M. E. Jones, Attest. Sec'y.

FILED

2019 JUN 12 PM 6:57

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☐ Manager Name: Brambleton Investments, LLC
☒ Member Address: 3400 E. Lafayette
☐ Authorized Detroit, MI 48207
 Person
☐ Other ☐ Other

☒ Manager Name: The Soave Real Estate Group, Inc.
☐ Member Address: 3400 E. Lafayette
☐ Authorized Detroit, MI 48207
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

Title or Capacity: Name and Address:
☐ Manager Name: Trident Development Associates, Limited Liability Company
☒ Member Address: 3400 E. Lafayette
☐ Authorized Detroit, MI 48207
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

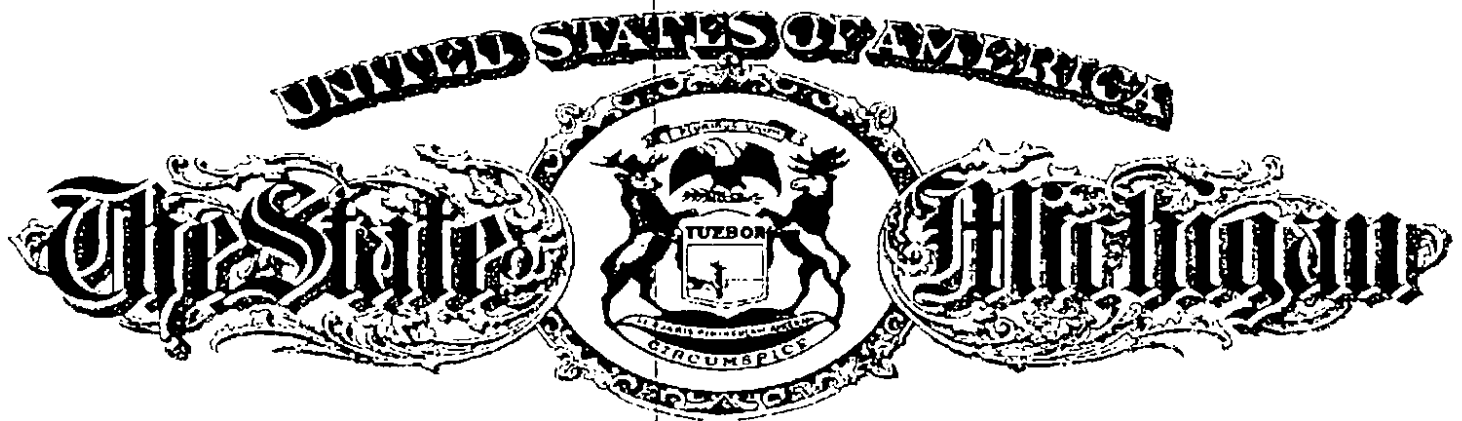
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edward R. Schonberg

Signature of an authorized person

Edward R. Schonberg, Vice President of The Soave Real Estate Group, Inc.

Typed or printed name of signer



Lansing, Michigan

This is to Certify That

BONITA CYPRESS ASSOCIATES L.L.C.

was validly authorized on June 10, 2019, 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: 19063531390

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of June, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau