

MI9000009415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

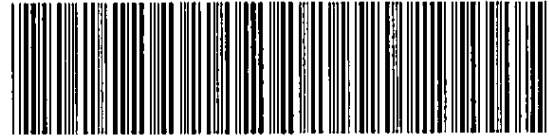
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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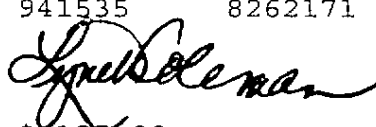
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2019 OCT -2 PM 4:26
TALLAHASSEE, FLORIDA

11-6
2019 OCT -2 AM 3:25
TALLAHASSEE, FLORIDA

OCT 03 2019

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 941535 8262171
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : October 2, 2019
ORDER TIME : 2:54 PM
ORDER NO. : 941535-005
CUSTOMER NO: 8262171

FOREIGN FILINGS

NAME: TENAX PARTNERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tenax Partners, I, LC.

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:

Donald A. DeLong

Name of Person

Marshall & Melhorn, PLLC

Firm/Company

24800 Denso Dr, Suite 320

Address

Southfield, MI 48033

City/State and Zip Code

ligotti@marshall-melhorn.com

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

For further information concerning this matter, please call:

Donald A. DeLong

248

357-3400

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Tenax Partners, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-1328756
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration;
See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)
5. 4275 Church St
(Street Address of Principal Office)
6. 906 James Street
(Mailing Address)
- Sanford, FL 32771
- Adrian, MI 49221

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company
By: _____

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

2018 OCT -2 AM 9:25

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: D. Andrew Reynolds

☒ Member Address: 841 Highwood Dr

☐ Authorized Bloomfield, MI 48304

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jason Butchart

☒ Member Address: 9759 Coopers Hawk Ct

☐ Authorized Sylvania, OH 43560

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Kurt Schmidt

☒ Member Address: 4751 Bonita Bay Blvd #2102

☐ Authorized Bonita Springs, FL 34134

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Adrian Steel Company

☒ Member Address: 906 James St

☐ Authorized Adrian, MI 49221

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

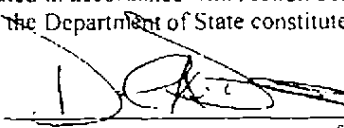
Person _____

☐ 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.



Signature of an authorized person

Donald A. DeLong

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TENAX PARTNERS, L.L.C., an Ohio For Profit Limited Liability Company, Registration Number 4017849, was organized within the State of Ohio on April 13, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of October, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201927501980