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MANNESHIA Boyd (Requestor's Name)
(Requestor's Name)
101E. Correge Ave
(Address)
(Address)
Tallahassee Fr 32303
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations					
UBJEC	Green Peak Industries, L	LC				
.011360		Name of Lin	nited Liability	Company		<u> </u>
The encl Existence	osed "Application by Foreign e, and check are submitted to r	Limited Liability Compan	y for Authoriz ed foreign limi	ation to Transa ited liability co	ct Business in Florida	siness in Florid
lease re	turn all correspondence conce	rning this matter to the fol	lowing:		シート	DIS OCT
	Fred Harris				35	5 1
		Name	of Person			
	Greenberg Traurig				-	PH 4: 42
		Firm/Company				
	101 E. College Ave.					ア
	Address					
	Tallahassee, FL 3230) ł				
	City/State and Zip Code					
	JDonahue@greenpeak	innovations.com				
	E-m	ail address: (to be used fo	r future annua	report notifica	tion)	
or furthe	er information concerning this	matter, please call:				
_	Fred Harris	a	850 t (222-6891		
	Name of Con	tact Person	Area Code	Daytime	Telephone Number	_
] F I	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Pallahassee, FL 32314			STREET AU Division of C Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations Section ing ve Center Circle	
E F	Enclosed is a check for the foll Picase make check payable to:	FLORIDA DEPARTME			□ a.va == =:::	
ŧ	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S160.00 Filing of Status & Ce	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	ame adopted for the purpose of transacting business in Fi	orida The alterna	te name must include "Limited Labority Cor	
Michigan		3.		9 OCT
flunsdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, it app	· · · · · · · · · · · · · · · · · · ·
10/04/2019				กัก ^{กา} า
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.)	ny)	1. L.
10070 Harvest Park	Principal Office)	6	070 Harvest Park	PH 4: 42
(Street Address of	Principal Office)		(Mailing Address)	
Dimondale, MI 48825	and the second s	Di	mondale, MI 48825	
Same and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ustabla)	
	of Florida registered agent. 11.0. Do.	1101 11000	praore	
Name:	CT Corporation System		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
Name:	•			

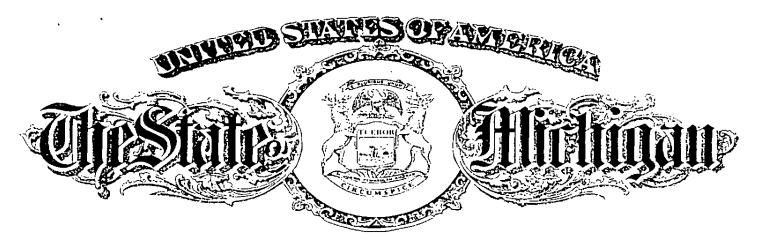
Registered agent's acceptance:

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.

Required Signature/Registered Agent Ann Williams - Special Assistant Secretary

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: Title or Capacity: Name and Address: Name: Jeffrey Radway Joseph Neller Manager Name: Manager 1365 Bridlewood Drive 1118 Shelter Lane Member Address: Member Address: Williamston, MI 48895 Lansing, MI 48912-2 Authorized Authorized Person Person [[Cither] __Other___ Other_ Jeffrey Donahue Alan Gever Manager Manager Name: 500 E. Michigan Avenue #41 63 Beachmont Terrace **■**Member Address: Member Address: Lansing, MI 48912 North Cadwell, NJ 07006 Authorized Authorized Person Person Other____ Other_____ Other_ Other____ ☐Manager Name: _____ Manager Manager Name: ■Member Address: ☐ Member Address: Authorized Authorized Person Person Other_____ Other Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817.155, F.S. Jeff Donakue

Exped or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That GREEN PEAK INDUSTRIES LLC

was validly authorized on July 15. 2016, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY: and said limited liability company is validly in existence under the laws of this state and has saitsfield 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: 19105967750

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of October, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau