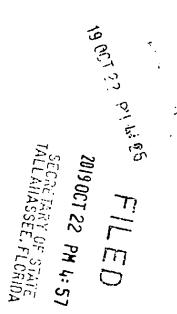
# 

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phono	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status		s of Status		
Special Instructions to Filing Officer:				









CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 018977

That

COST LIMIT : \$ 4/25.00

AUTHORIZATION

ORDER DATE: October 21, 2019

ORDER TIME : 11:33 AM

ORDER NO. : 018977-010

CUSTOMER NO: 7709470

#### FOREIGN FILINGS

NAME: NORTH AMERICAN CONSTRUCTION

ENTERPRISES 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: Amanda Robinson -- EXT# 62968

EXAMINER:

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	North American Construction Enterprises T:			
	Name of Limited Liability Company			
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificates, and check are submitted to register the above referenced foreign limited liability company to transact business in Flor	of ida		
Please	turn all correspondence concerning this matter to the following:			
	Michael Beaugrand			
	Name of Person			
	Name of Person  North American Construction Enterprises LLC  Firm/Company			
	Firm/Company Fig. 7			
	22920 Industrial Drive East  Address  Address			
	Address Dm 5			
	St. Clair Shores, MI 48080			
	City/State and Zip Code			
	mbeaugrand@nace-intl.com			
	E-mail address: (to be used for future annual report notification)			
For fur	r information concerning this matter, please call:			
	Mike Beaugrand 586 719-9679  at ( )			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section CO. Box 6327 Clifton Building Callahassee, FL 32314 Clifton Building Tallahassee, FL 32301			
	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTMENT OF STATE			
	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy of Status & Certified Copy	ate		

### 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:

(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company," "L.1.	C.," or "LLC.")	
frame unavailable enter alternate	name adorest for the name of the state of th			
	name adopted for the purpose of transacting business in F	ionda. The alternate name must in	clude "Limited Liability Company," "I.	.1.C," or "LL
Delaware		20-5809739		
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI number, if applicable)	
			2019 OCT	
			0 <b>0</b>	~~ <b>~</b> ~
	(Date first transacted business in Florida, if prior t (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) mine penalty liability)		4 4
22920 Industrial Dei			22 4SS	<u></u>
22920 Industrial Drive East		same 6.	E C	ا ا
(Street Address of	Principal Office)	o	(Mailing Address) T	+ 1-1-
St. Clair Shores, MI	49090		r'∽ _	
or ciali offices, Mit	46060		TAT ORII	
				<del></del>
			•	
Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		
	Corporation Service Company			
Name:	Corporation Service Company			
	400411			
066 4.11	1201 Hays Street			
Office Address:	1201 Hays Street	···- <u> </u>		
Office Address:		<del></del>	20204	
Office Address:	Tallahassee		32301	

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.

Roxanne Turner
Asst. Vice President

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:
Manager	Name: Michael Beaugrand	Manager	Name: Robert Beaugrand
Member	Address: 1331 Fairholme	☐ Member	Address: 7142Walnut Hill Road
Authorized	Grosse Pointe Woods, MI 48236	☐ Authorized	Manitou Beach, MI 49253
Person		Person	2019 TAL
Other	Other	Other	AE DOBer T
Manager	Paul Dunn		ARY OF
	Name: 4554 Waugh Road Address: 4554 Waugh Road	☐ Manager	Name: To F
■ Authorized	Owosso, MI 48867	☐ Member ☐ Authorized	Name: FOR PROPERTY Address: STATE ST
Person		Person	
Other	Other	Other	Other
Manager	Name:		Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	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 a authorized paron

NICHAEL BEAUGIZAND

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORTH AMERICAN CONSTRUCTION

ENTERPRISES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF

OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH AMERICAN CONSTRUCTION ENTERPRISES LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203843424

Date: 10-22-19