

Madonna/AY

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

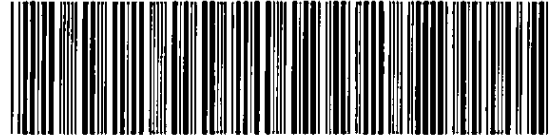
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

Rise Above Counseling & Consulting, 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. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Kristine Proctor, LLC
(Street Address of Principal Office)
3408 Niles Avenue
St. Joseph, MI 49085

6. Kristine Proctor, LLC
(Mailing Address)
1517 E. Hinchman Road
Berrien Springs, MI 49103

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

Name: Kristine Proctor

Office Address: 112 W. Indiana Avenue, Suite 205

DeLand, Florida 32720
(City) (Zip code)

Vertical stamp: REGISTERED AGENT

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.

Handwritten signature of the registered agent

(Registered agent's signature)

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: Kristine Proctor

Member Address: 1153 Oak Tree Circle

Authorized Altamonte Springs, FL 32714

Person _____

Other Sole Proprietor Other _____

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

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

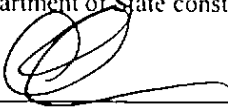
Person _____

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)

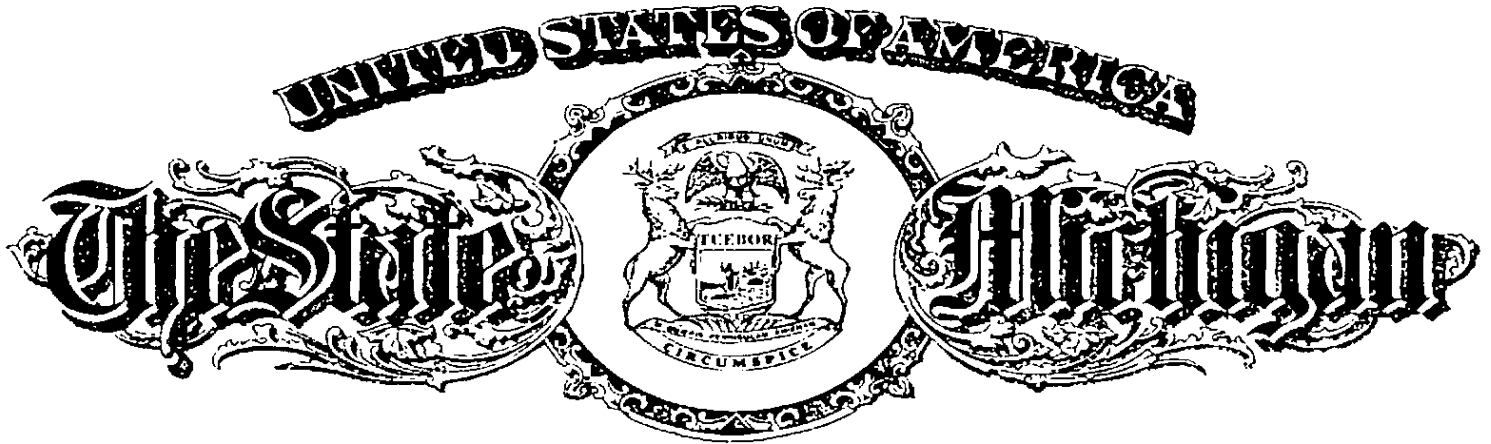
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Kristine Proctor

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

KRISTINE PROCTOR, LLC

was validly authorized on May 6, 2013, 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 28th day of January, 2020.*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Michigan Department of Licensing and Regulatory Affairs
 Corporation Securities & Commercial Licensing Bureau
 Corporation Division
 P.O. Box 30054
 Lansing, Michigan 48909
 (517) 241-6470

INVOICE

Invoice No: 1938920
 Invoice Date: 1/28/2020
 Name: Kristine Proctor
 Attention: Kristine Proctor
 Address: 1153 Oak Tree Circle
 Altamonte Springs, FL 32714
 Phone Number: 269-405-0653
 Email Address: kproctor@gmail.com

Due Date: 1/29/2020

Remit To:
 Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Corporations Division
 P.O. Box 30054
 Lansing, MI 48909

| Type | ID Number | Item | # of Pages | Qty |
|-------------|-----------|--|------------|-----|
| Certificate | 801682322 | CERTIFICATE OF GOOD STANDING - DOMESTIC LLC/PLLC | | 1 |
| Certificate | 801682322 | CERTIFICATE OF GOOD STANDING - DOMESTIC LLC/PLLC | | 1 |

Order Total: \$20.00

Amount Paid: \$20.00

REMIT THIS AMOUNT: \$0.00

RETURN YOUR PAYMENT within 30 days, made payable to State of Michigan with a copy of this invoice and include the invoice number on your check or money order.

If your order is incorrect, contact the Corporations Division at the above address or call (517) 241-6470.

MCL 450.1131, MCL 450.4104(5), and MCL 449.48 provide. A photostatic, micrographic, photographic, optical disc media, or other reproduced copy certified by the administrator, which may be sent by electronic transmission, shall be considered an original for all purpose and is admissible in evidence in like manner as an original.