MA000003843

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Cocomont Names)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

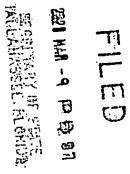
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
erid II	Anderson Brokerage Services LLC				
au DJ	T:Name of Limited Liability Company				
The en Exister	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certifi, and check are submitted to register the above referenced foreign limited liability company to transact business in I	cate of Florida.			
Please	urn all correspondence concerning this matter to the following:				
	Adam Oberski				
	Name of Person				
	Anderson Brokerage Services LLC				
Firm/Company					
	42949 7 Mile Road				
	Address				
	Northville, MI 48167				
	City/State and Zip Code				
	adam.oberski@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fu	er information concerning this matter, please call:				
	Adam Oberski 734 777-0113				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 MAILING 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 \$\int \text{S130.00 Filing Fee & Certified Copy}\$\$ \$160.00 Filing Fee, Ce 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:

4						
/a 				· · · · · · · · · · · · · · · · · · ·		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ida. The alternate nat	me must include "Limited Liabili	ty Company," "L.L.C," or "L	.LC.")	
Michigan		84-37	28709			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applicable)				
n/a						
·	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) ne penalty liability)				
42949 7 Mile Road		42949	7 Mile Road			
(Street Address of E	Principal Office)	6	(Mailing Addres	s)	_	
Northville, MI 48167		Northy	ille, MI 48167			
	<u>.</u>				_	
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)			
				1 5		
Name:	Registered Agents Inc.			و المراق	1	
Name.				F. 97 70	77	
Office Address:	7901 4th St N, Suite 300			Part W		
	St. Petersburg		33702	3		
	(Cuy)		, Florida(Zin code)	7264		

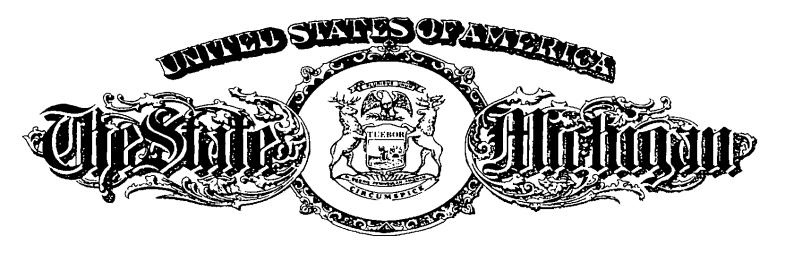
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Adam Oberski Manager Name: _____ Manager Address: 42949 7 Mile Rd Address: _____ ___ Member | Member Northville, MI 48167 Authorized Authorized Person Person Other_____ Other____ Other Other____ Manager Manager Manager Name: _____ Name: Address: _____ Member Address: Authorized Authorized Person Person Other____ Other Other Other Name: _____ Manager Name: _____ Manager 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. 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 s.817.155, F.S.

Typed or printed name of signee

Adam Oberski



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ACE BROKERAGE SERVICES LLC

was validly authorized on November 18, 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: 19127099750

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of December, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau