

ma0000002857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

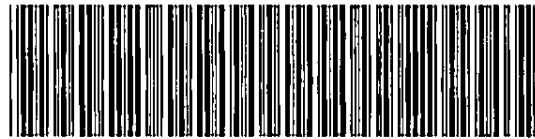
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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6006-21001

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Goofy Faces, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Robert Bauer

\_\_\_\_\_  
Name of Person

Goofy Faces, LLC

\_\_\_\_\_  
Firm/Company

1228 Thames Drive

\_\_\_\_\_  
Address

Rochester Hills, MI 48307

\_\_\_\_\_  
City/State and Zip Code

rbauer@goofyfaces.com

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

For further information concerning this matter, please call:

Robert Bauer

248

895-8520

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 MAR 12 AM 11:29

March 4, 2020

ROBERT BAUER  
551 52 TERR N  
ST PETERSBURG, FL 33703

SUBJECT: GOOFY FACES, LLC  
Ref. Number: W20000024041

We have received your document for GOOFY FACES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 920A00004791

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:

Goofy Faces, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")  
State of Michigan 27-1950110

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

02/20/20

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1228 THAMES DRIVE

551 52ND TERRACE NORTH

5. \_\_\_\_\_  
(Street Address of Principal Office)

ROCHESTER HILLS, MI 48307

6. \_\_\_\_\_  
(Mailing Address)

ST. PETERSBURG, FL 33703

PLEASE MAIL ALL CERTIFICATES  
TO THIS ADDRESS. THANKS!

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

Robert Bauer

Name: \_\_\_\_\_

551 52ND TERRACE NORTH

Office Address: \_\_\_\_\_

ST. PETERSBURG

33703

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

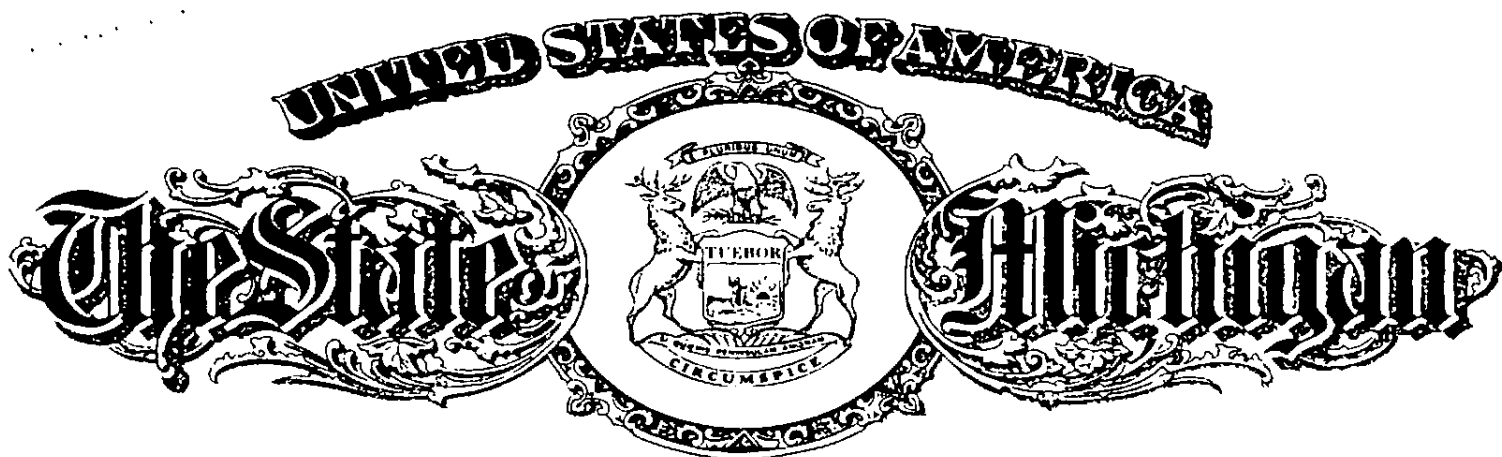
*Robert Q. Bauer*  
\_\_\_\_\_  
(Registered agent's signature)

STATE OF FLORIDA  
TREASURER'S OFFICE

2020 MAR 12 PM 3:47

FILED





Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That  
GOOFY FACES, LC

was validly authorized on February 22, 2010, 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: 20039245510

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 10th day of March, 2020.

*Linda Clegg*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau