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Handwritten:
cc to 2536
Cathy - 33183



FRANSKOVIAK
TAX SOLUTIONS

Certified Public Accountants & Tax Resolution Experts

667 E. Big Beaver Rd., Suite 107 • Troy, MI 48083
Phone (248) 524-5240 • Fax (248) 524-5246
855-TAX-FIXX (855-829-3499)

www.FranskoviakTaxSolutions.com
www.FranskoviakCPA.com
info@franskoviakcpa.com

February 25, 2020

Sent via USPS Priority Mail: 9405 5118 9956 1007 0218 07

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

Re: MD Professional Services, LLC (a Michigan Company)
(FEI number 802178613)
Application to Transact Business in Florida

To whom it may concern:

Enclosed please find the Cover Letter, Application by a Foreign Limited Liability Company to Transact Business in Florida, the Michigan Articles of Organization (dated March 26, 2018), the most recent Annual Statement, and a check for the filing fees of \$125.

Our research indicated there were no other active entities operating under the name "MD Professional Services, LLC" in the state of Florida as of 02-24-2020.

Please contact our offices if you require any additional information or need any questions answered in order to complete the registration.

Sincerely,
Franskoviak Tax Solutions

Michael Franskoviak
President / CEO

MD2818

CC: Dr. Andrew Georgeson w/o attachments



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MO PROFESSIONAL SERVICES, LLC
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:

MICHAEL FRANSKOVIK
Name of Person

FRANSKOVIK TAX SOLUTIONS
Firm/Company

3155 W. BIG BEAVER RD. STE. 218
Address

TROY, MI 48084
City/State and Zip Code

mike@frankovikcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE FRANSKOVIK at (248) 524-5240
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

RECEIVED
4-7-2020



SCANNED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2020

MICHAEL FRANSKOVIK
3155 N BIG BEAVER RD STE 218
TROY, MI 48084

SUBJECT: MD PROFESSIONAL SERVICES, LLC
Ref. Number: W20000032183

We have received your document for MD PROFESSIONAL SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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: 120A00006551

RECEIVED
APR 14 2020

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. MD PROFESSIONAL SERVICES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. MICHIGAN DEPT. OF LICENSING & REGULATORY AFFAIRS 802178613
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 4600 CENTRAL GARDENS WAY #203
(Street Address of Principal Office)

6. 4600 CENTRAL GARDENS WAY #203
(Mailing Address)

PALM BEACH GARDENS, FL 33418

PALM BEACH GARDENS, FL 33418

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

Name: ANDREW GEORGE SON

Office Address: 4600 CENTRAL GARDENS WAY #203

PALM BEACH GARDENS, Florida 33418
(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.

x A. G. George
(Registered agent's signature)

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CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>ANDREW GEORGESON</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4600 CENTRAL GARDENS WAY</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>PO BOX 33418</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

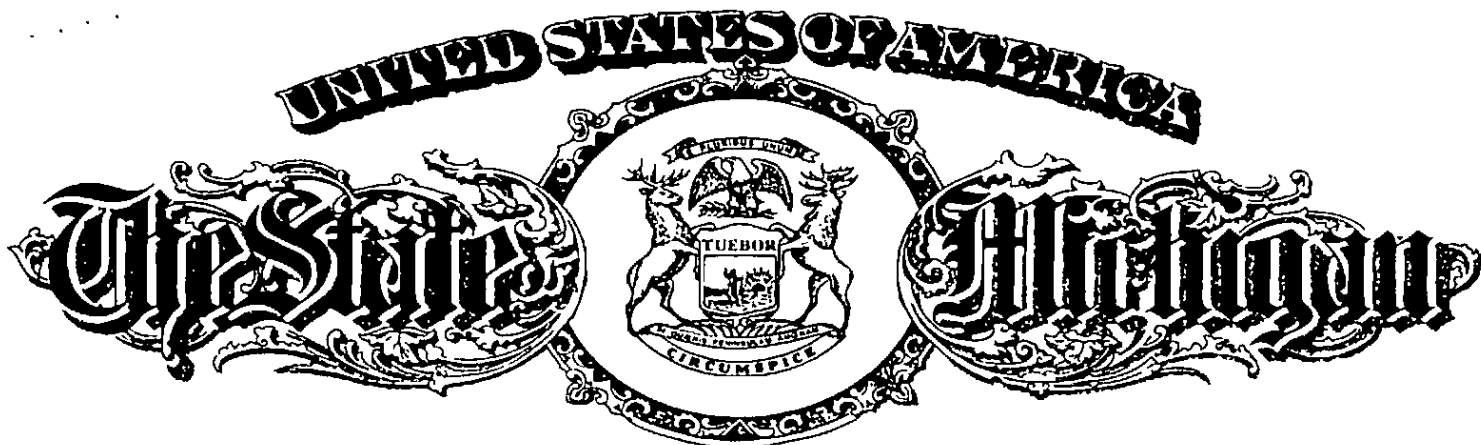
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

x A. M. Georgeson
Signature of authorized person

x Andrew M. Georgeson
Typed or printed name of filer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MD PROFESSIONAL SERVICES, LLC

was validly authorized on March 26, 2018, 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: 20049831510

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 8th day of April, 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau