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### COVER LETTER

TO:

JECT:	KINGSLEY MOVING SYSTEMS, LLC				
	Name of Limited Liability Company				
enclosed tence, an	"Application by Foreign Limited Liability id check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	." Certi iness ir		
se return	all correspondence concerning this matter	to the following:			
	NEILL T. RIDDELL				
		Name of Person	-		
	DEAN & FULKERSON				
		Firm/Company	-		
	801 WEST BIG BEAVER, SUITE 50	0			
		Address	-		
	TROY MI 48084				
	City/State and Zip Code				
	INFO@KINGSLEYMOVING.COM				
	E-mail address: (to be	used for future annual report notification)			
urther in	formation concerning this matter, please cal	II:			
NEI	LL T. RIDDELL	248 362-1300 at (	20		
	Name of Contact Person	Area Code Daytime Telephone Number	0.5		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section	2020 £" ~ 1 ls		
		Division of Corporations The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ნ: 30		
	osed is a check for the following amount:				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. KINGSLEY MOVING (Name of Foreign	SYSTEMS, LLC Limited Liability Company, must include "Limited	d Liability	Company, ""I. I. C.," or "I.I.C.")	
Altimore and the server discovery	ame adopted for the purpose of transacting business in Fl	locado. The	sharinta a manani bishila "Limitad Lishila Communi	
	ame adopted for the purpose of transacting dustness in ri	iorida i ne		y. 1, 1, C, 01 1,1,C
MICHIGAN 2		3.	26-4721286  (FEI number, if applicable	
(Jurisdiction under the law of w	sdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable	)
NOT APPLICABLE				
••	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ine penalty	.) Hability)	
7901 4TH ST N, SUIT	E 300		7901 4TH ST N, SUITE 300	
5. (Street Address of Principal Office)		6.	(Mailing Address)	
ST PETERSBURG FL	33702		ST PETERSBURG FL 33702	
				20
				10
7. Name and street addres	cceptable)			
				<del>-</del>
	Registered Agents, Inc.			P
Name:			<del></del>	
	7901 4TH ST N, SUITE 300			ن 5
Office Address:				¢Σ
	ST PETERSBURG		33702	
	(City)		Florida (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.

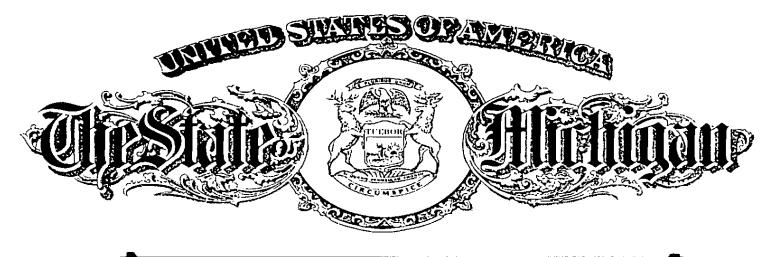
(Registered agent's signature)

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: Title or Capacity: Name and Address: Name: BRIAN KINGSLEY ■ Manager □Manager Name: 610 DETROIT STREET ■Member □Member Address: LANSING MI 48912 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other □Other □Other □Manager Name: □Manager Name: □Member □Member Address: Address: □ Authorized □ Authorized Person Person □Other Other Other\_\_\_\_ Other □Manager Name: □Manager Name: Address: □Member ☐ Member □ Authorized □ Authorized Person Person □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 filled the index wh 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 BRIAN KINGSLEY

Typed or printed name of signee

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: Name: BRIAN KINGSLEY **■**Manager □ Manager Name: Address: 610 DETROIT STREET ■ Member ☐Member Address: LANSING MI 48912 □ Authorized Authorized Person Person □Other\_\_\_\_ Other\_\_\_ □Other\_\_\_\_\_ □ Manager Name: ■ Manager Name: \_\_\_\_\_ □Member Address: □ Member Address: □ Authorized □ Authorized Person Person Other\_ Other\_\_\_\_ □Other\_\_\_\_ □Other Name: \_\_\_\_\_ □Manager □Manager 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. 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. Signature of an authorized person **BRIAN KINGSLEY** 

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
KINGSLEY MOVING SYSTEMS, LLC

was validly authorized on April 16, 2009, 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.

ONTHE A COMMERCIAL LAND

Sent by electronic transmission

Certificate Number: 20082677750

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of August, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau