

M200000008172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

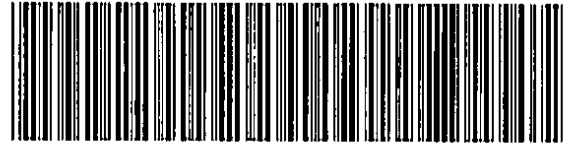
(Business Entity Name)

(Document Number)

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

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2020 AUG 31 PM 3:08  
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9/19/20



Certified Public Accountants & Tax Resolution Experts

3155 W. Big Beaver Rd., Suite 218 • Troy, MI 4801

Phone (248) 524-5240 • Fax (248) 524-5240

855-TAX-FIXX/855-829-349

[www.FranskoviakTaxSolutions.cc](http://www.FranskoviakTaxSolutions.cc)

[www.FranskoviakCPA.cc](http://www.FranskoviakCPA.cc)

[info@franskoviakcpa.cc](mailto:info@franskoviakcpa.cc)

Sent via regular mail

August 27, 2020

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

**RE: Global Merchant Services of Michigan, LLC**  
**EIN: 80-1754215**

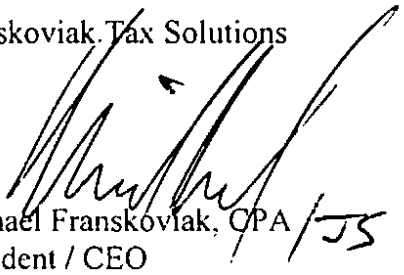
To Whom It May Concern,

Included with this letter is the Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida for the above entity, a check for \$130 for the filing fee & Certificate of Status, and a Certificate of Good Standing from the State of Michigan.

If you have any questions, please feel free to contact myself at (248) 524-5240.

Sincerely,

Franskoviak Tax Solutions

  
Michael Franskoviak, CPA /JS  
President / CEO  
GL2998

Attachments ( 5 )

Cc: Rhonda Kaber w/o attachments

FILED  
2020 AUG 31 PM 3:08  
TALLAHASSEE, FLORIDA



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Global Merchant Services of Michigan, 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 Franskoviak, CPA

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

Franskoviak Tax Solutions

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

3155 W Big Beaver Rd, Suite 218

\_\_\_\_\_  
Address

Troy, MI 48084

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

mike@franskoviakcpa.com

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

For further information concerning this matter, please call:

Michael Franskoviak, CPA

248

524-5240

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

at ( )

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

**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. Global Merchant Services of Michigan, LLC

(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.")

2. Michigan Dept. of Licensing & Regulatory Affairs

(Jurisdiction under the law of which foreign limited liability company is organized)

801754215

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)

21501 Baccarat Ln Unit 202

5. (Street Address of Principal Office)

Estero, FL 33928

21501 Baccarat Ln Unit 202

6. (Mailing Address)

Estero, FL 33928

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

Name: Rhonda Kaber

Office Address: 21501 Baccarat Ln Unit 202

Estero

(City)

, Florida

33928

(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 

(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: Rhonda Kaber

☒ Member Address: 21501 Baccarat Ln Unit 202

☐ Authorized Estero, FL 33928

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ 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

**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)

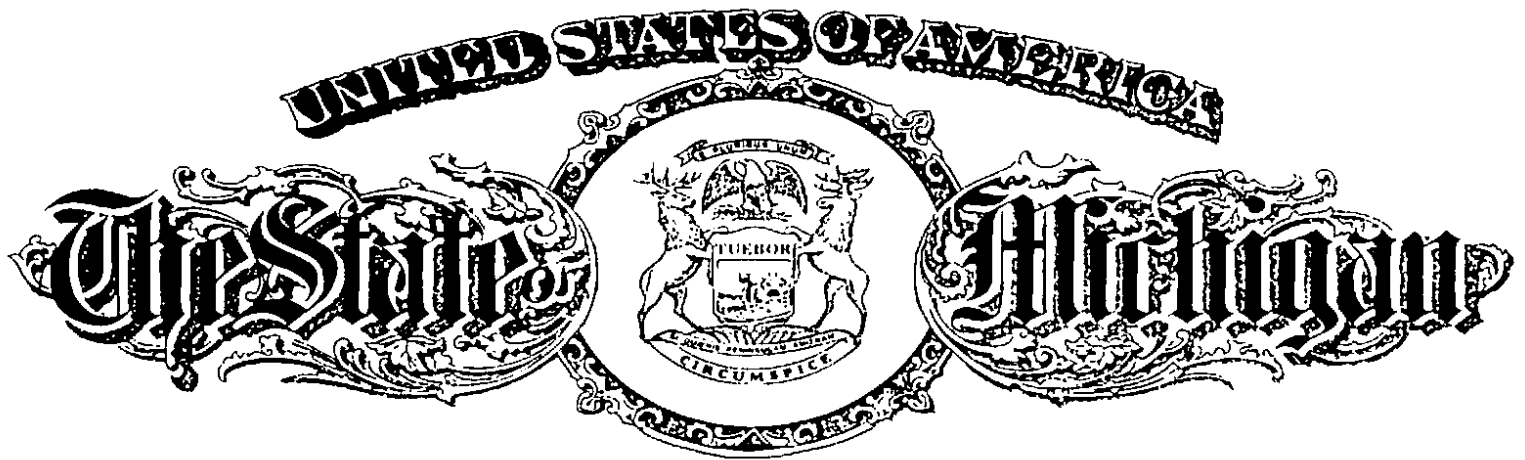
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X 

Signature of an authorized person

X Rhonda Kaber

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**GLOBAL MERCHANT SERVICES OF MICHIGAN, LLC**

was validly authorized on April 4, 2014, 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.

2020 AUG 31 11:3:08

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 27th day of August, 2020.*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 20083038310