

ma000000 8773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

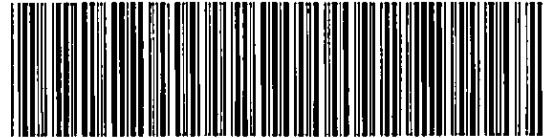
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700351749227

RECEIVED

SEP 21 2020

09/22/20--01003--008 \*\*125.00

SEP 21 PM 5:49  
MASSACHUSETTS  
RECEIVED

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KEIZER LAND 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:

TODD KEIZER

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

KEIZER LAND SERVICES, LLC

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

5700 CROOKS ROAD, SUITE 102

\_\_\_\_\_  
Address

TROY, MI 48098

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

anne@angellcompany.com

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

For further information concerning this matter, please call:

TODD KEIZER

310

497-4012

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

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. KEIZER LAND SERVICES, 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

84-3959154

3. (FBI number, if applicable)

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

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

5700 CROOKS ROAD, SUITE 102

5700 CROOKS ROAD, SUITE 102

5. (Street Address of Principal Office)

6. (Mailing Address)

TROY, MI 48098

TROY, MI 48098

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

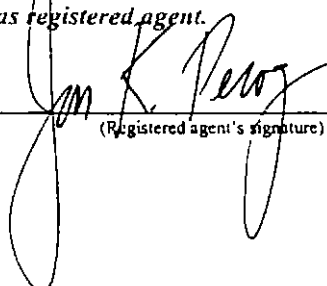
Name: JON PEROG

Office Address: 320 COUNTRY CIRCLE DR. W

PORT ORANGE, Florida 32128  
(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   
(Registered agent's signature)

FILED  
2020 SEP 21 PM 5:39  
TROY, MI 48098

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Jon Perog
<input checked="" type="checkbox"/> Member	Address: 320 COUNTY CIRCLE DR. W
<input type="checkbox"/> Authorized	PORT ORANGE, FL 32128
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other      \_\_\_\_\_      ☐ Other      \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

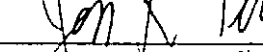
Person      \_\_\_\_\_

☐ Other      \_\_\_\_\_      ☐ Other      \_\_\_\_\_

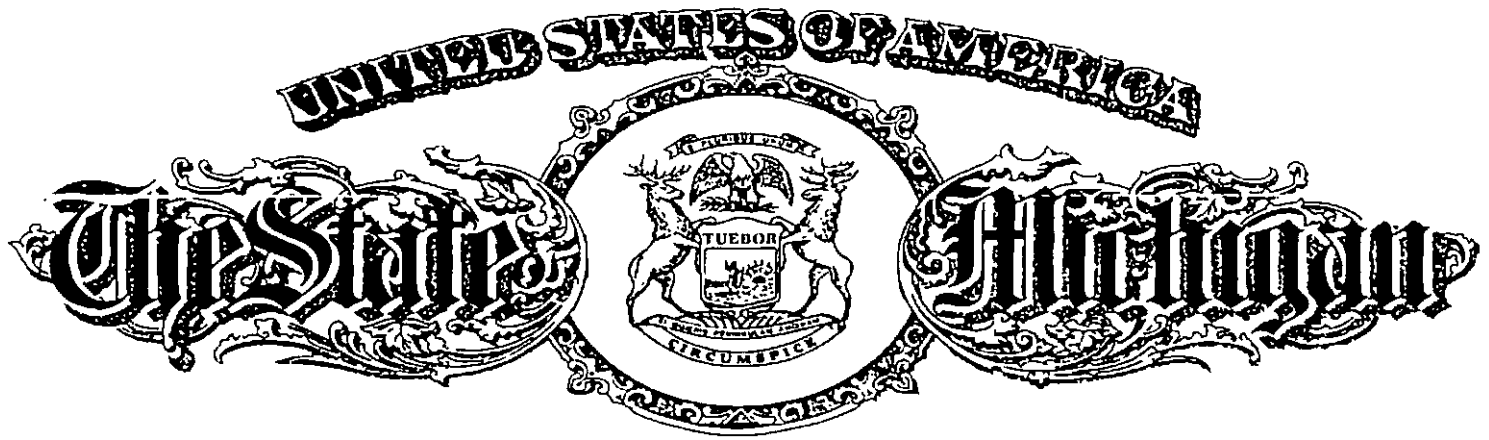
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

JON PEROG  
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**KEIZER LAND SERVICES, LLC**

*was validly authorized on December 12, 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: 20093603070

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 17th day of September, 2020.*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau