

M20000008882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

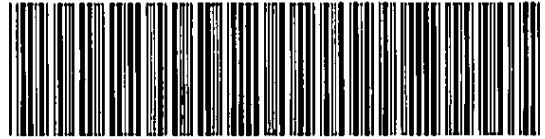
(Document Number)

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Special Instructions to Filing Officer:

W200000104991

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RECEIVED

AUG 24 2020

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10/7/20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2020

RAYMOND A. OPPENHUIZEN  
6440 S. BLUEBIRD AVE WEST  
FREMONT, MI 49412

SUBJECT: EXCEL LLC  
Ref. Number: W20000104991

We have received your document for EXCEL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P20000047413.

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.

Yvette Scott  
Document Specialist II

Letter Number: 620A00017476

**RECEIVED**  
OCT 02 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Excel, 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:

Raymond A. OPPENHUIZEN  
Name of Person

Excel, LLC  
Firm/Company

6440 S. Bluebird AVE WEST  
Address

Fremont MICHIGAN 49413  
City/State and Zip Code

ray51@localnet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond A. Oppenhuizen at ( 616 ) 490-5078  
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. EXCEL, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

EXCEL, LLC of Michigan  
(If name unavailable, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 801277810  
(FEI number, if applicable)

4. 2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6440 S. Bluebird AVE WEST  
(Street Address of Principal Office)

6. 6440 S. Bluebird AVE WEST  
(Mailing Address)

Fremont Mi. 49412

Fremont Mi. 49412

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

Name: Raymond S. Grimm

Office Address: 3189 Bobcat Village Center Rd.

North Port FL 34288, 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.

RS Grimm  
(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]:

<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>Sandra L. Oppenhuizen</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Raymond A. Oppenhuizen</u>		
<input type="checkbox"/> Member	Address:	<u>6440 S. Bluebird Ave. W.</u>	<input type="checkbox"/> Member	Address:	<u>6440 S. Bluebird Ave.</u>		
<input checked="" type="checkbox"/> Authorized		<u>Fremont Mi. 49412</u>	<input type="checkbox"/> Authorized		<u>Fremont Mi. 49412</u>		
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	_____

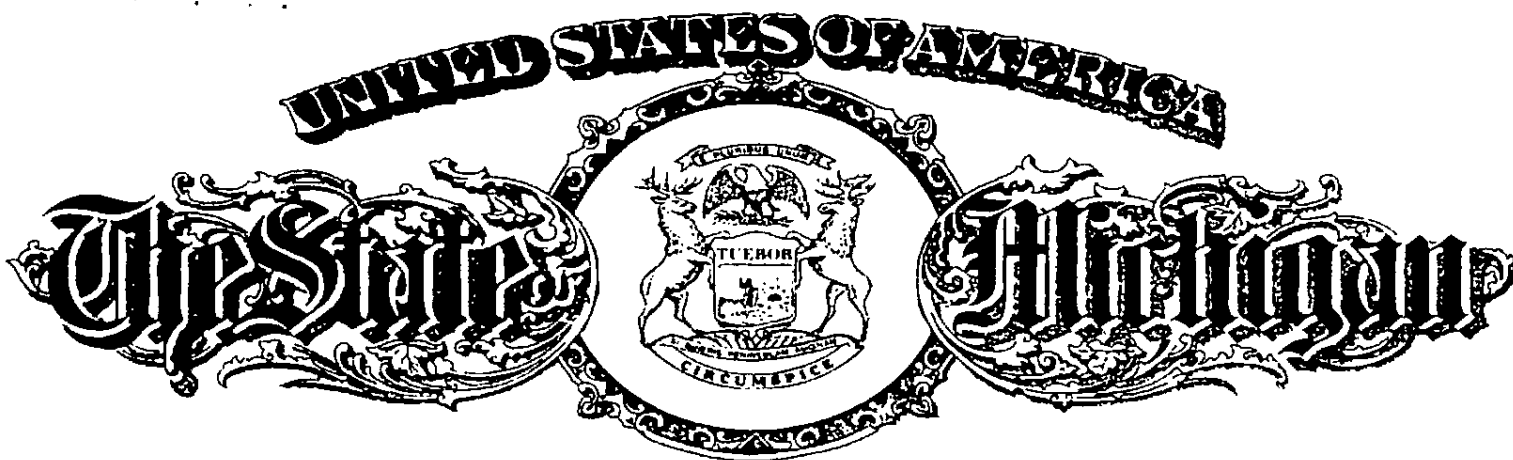
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Raymond A. Oppenhuizen  
Signature of an authorized person

Raymond A. Oppenhuizen  
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That  
**EXCEL, LLC**

was validly authorized on June 25, 2004, 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.



In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 29th day of September, 2020.

*Linda Clegg*

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 20093860620