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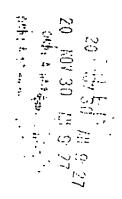
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### COVER LETTER

UBJECT:			
	ne of Limited Liability Company		
	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo		
ease return all correspondence concerning this matter	to the following:		
David Beemer			
	Name of Person		
Terryberry			
	Firm/Company		
2033 Oak Industrial Drive NE			
	Address		
Grand Rapids, MI 49505			
	City/State and Zip Code		
dbeemer@terryberry.com			
E-mail address: (to b	e used for future annual report notification)		
or further information concerning this matter, please ca	all:		
Jonathan Durell	at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE		
■ \$125.00 Filing Fee □ \$130.00 Filing Fe	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate		

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

IN COMPILANCE WITH SECTION (05,002, FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 172 Hollyhock, LLC	united Liability Company, must include "Limited		C			
172 Hollyhock BB, LLC	united classificy Company, must mediate climited	Liaminy	Company, LLC, or LLC.			
	aine adopted for the purpose of transacting business in Flo	orida The a	lternate name must include "Limited Lial	bility Company,	- "L I. C." r	
Michigan		3.	85-3657697 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI munter, if applicable)			
upon registration						
	{Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ne penalty	) iability)			
2033 Oak Industrial Drive NE 5. (Street Address of Principal Office)		6.	2033 Oak Industrial Drive N			
(Street Address of Principal Office)		•	(Mailing Address)			_
Grand Rapids, MI 49505		-	Grand Rapids, MI 49505			
				_ <b>:</b> <u>-</u> .	12	
7. Name and street address	s of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	# # 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	_
Name:	Marco Escapes, Inc.				30	•
Office Address:	599 South Collier Boulevard, Suite 11:			49 · 49 · 40 ·	图 9 2	i
	Marco Island		34145 , Florida	•	י גבי	
	(City)		(Zip code)	_ <del>_</del>		

#### Registered agent's acceptance:

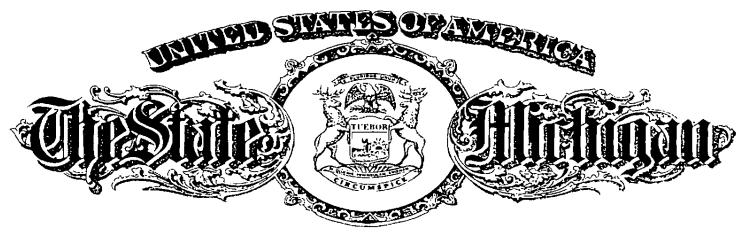
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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: Michael Byam Name: David Beemer □Manager □Manager Address: \_\_\_ Address: 2033 Oak Industrial Drive NE ■ Member **■**Member Grand Rapids, MI 49505 2033 Oak Industrial Drive NE □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other \_\_\_\_ Other\_\_\_\_ Jonathan Durell Name: □Manager □Manager Name: Address: 2815 Michigan St. NE, Ste C □Member □Member Address: Grand Rapids, MI 49506 Authorized □ Authorized Person Person □Other\_\_ Other\_\_\_\_ □Other\_\_\_\_ □Other □Manager Name: □ Manager Name: □Member Address: □Member Address: \_\_\_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ □ 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. 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

Typed or printed name of signee

Jonathan Durell



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That 172 HOLLYHOCK, LLC

was validly authorized on October 27, 2020, 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.

ASD REGULATORY AND Waller of Commercia

Sent by electronic transmission Certificate Number: 20114997908

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of November, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau