

M200000011247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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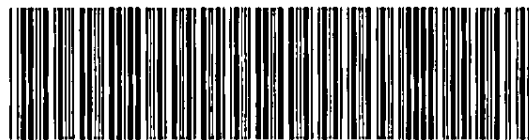
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. SALY
DEC -7 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

ARSENAL MANAGEMENT TEAM LLC

SUBJECT: _____
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:

CARLTON CLYBURN

Name of Person

ARSENAL MANAGEMENT TEAM LLC

Firm/Company

440 BURROUGHS ST, STE 131

Address

DETROIT, MI 48202

City/State and Zip Code

TEAMARSENAL313@GMAIL.COM

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

For further information concerning this matter, please call:

CARLTON CLYBURN

313

282-4542

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:

ARSENAL MANAGEMENT TEAM, LLC

1. _____
(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.")
MICHIGAN

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

59 RHODE ISLAND ST

440 BURROUGHS ST, STE 131

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

HIGHLAND PARK, MI 48203

DETROIT, MI 48202

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

SHEILIA DUDLEY

Name: _____

7310 W MCNAB ROAD, STE 102

Office Address: _____

TAMARAC

33321

_____, 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.

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2020 DEC -4 PM 5:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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:**
CARLTON CLYBURN
☐ Manager Name: _____
59 RHODE ISLAND ST
☐ Member Address: _____
HIGHLAND PARK, MI 48203
☒ Authorized _____
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:**
ANTWONE ALLEN
☐ Manager Name: _____
18490 TRACEY ST
☒ Member Address: _____
DETROIT, MI 48235
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

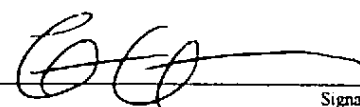
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

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2000 DEC -4 PM 5:10
DEPT. OF STATE
HALLMARK BUILDING
TALLAHASSEE, FLORIDA

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)

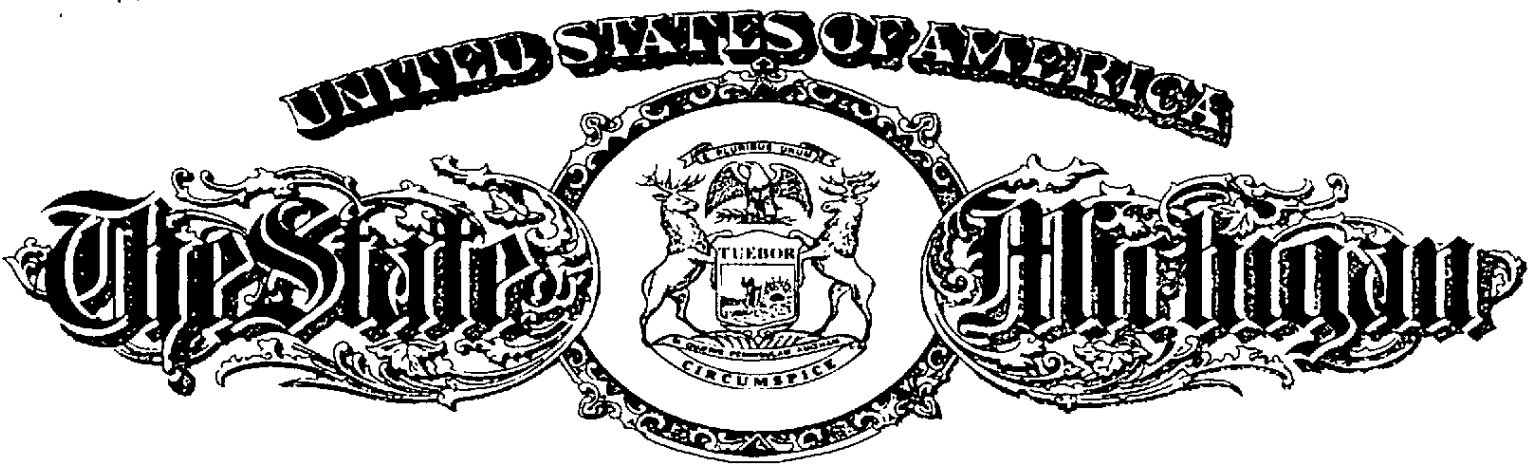
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

CARLTON CLYBURN

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ARSENAL MANAGEMENT TEAM, LLC

was validly authorized on July 14, 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.

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2020 DEC -14 PM 5:10
LANSING, MICHIGAN
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU

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 5th day of November, 2020.

Linda Clegg

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 20114663940