12/15/2020

# Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone : (850)558-1515 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### Foreign Limited Liability Company Member Hubs Hospitality, LLC

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#### COVER LETTER

TO:	Registration Secti Division of Corpo						
SUBJE	Member Hubs	Hospi	ality, LLC				
aubor.	C1.		Name of	Limited Liability C	ompany		-
The end Existen	dosed "Application lee, and check are su	oy Fore bmitted	ign Limited Liability Com to register the above refer	pany for Authorizationced foreign limit	tion to Tra ed liability	nsact Business in Florida, company to transact busi	" Certificate of ness in Florida
Please 1	eturn all correspond	ence co	oncerning this matter to the	following.			
	Jessica W	heaton					
	<del></del>		7	Same of Person			_
	Hagerty						
	Firm/Company						_
	121 Driv	ers Edg	e				_
	Address						
	Traveise	City, N	П 49684				
			City/	State and Zip Code			<del>-</del>
	jwheaton@	jhageit					~ ;
			E-mail address. (to be use	ed for future annual	report not	ification)	- 3
For furt	her information con	ceming	this matter, please call.				
	Jessica Wheaton			231 at (	929-60	28	or ==
	· · · · · · · · · · · · · · · · · · ·	iame of	Contact Person	Area Code	Day	time Telephone Number	- :
	MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	rations on			Division Registrati Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301	e: ?> ?
Enclose	ed is a check for the S125.00 Filing		ng amount:   \$130.00 Filing Fee &   Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	S160.00 Filing Fee, of Status & Certified Co	

CSC TRANS01

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#### 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:

Member Hubs Hospital	Limited Liability Company, must include "Lim	ited Liability Company, "L.L.C.," or "LLG	<del>2*:</del>
	ame adopten for the purpose of transacting business in	Plorids. The alternate name must include "Limited	t Liability Company." 'L LiC," or 'til C'")
Delaware	high foreign limited liability company is organized)	3.	rumber, (Capplicable)
(Jurisalition linder the law of w	nich toreign timited implicty company is organized)	(PEL)	manuer, a approadicy
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to dete	to registration ) rmute penalty liability)	
121 Drivers Edge		6. 121 Drivers Edge	
(Street Audress of I		(Mating	Addrest)
Traverse City, MI 496	84	Traverse City, MI 4968	
		<del></del>	
Name and street address	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> acceptable)	
Name.	Corporation Service Company		~ 7
	1201 Um e Steast		. ,
Office Address.	1201 Hays Street	***************************************	<del>-</del>
	Tallahassee	Florida <u>32301</u>	
gistered agent's accer	(Cay)	4.2)	code)
comply with the provis	ions of all statutes relative to the prop s of my position as registered agent. Corporation Service Company	t as registered agent and agree to er and complete performance of r	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with Society.
comply with the provis	ions of all statutes relative to the prop	t as registered agent and agree to see and complete performance of r	act in this capacity. I further agreemy duties, and I am familiar with
comply with the provis d accept the obligation The name, title or cap	ions of all statutes relative to the props of my position as registered agent.  Corporation Service Company  By:  (Registered agent)  acity and address of the person(s) who	t as registered agent and agree to the and complete performance of recommendation of the segments.  The segments of the segmen	act in this capacity. I further agree my duties, and I am familiar with  Elizabeth Kitchen, Assistant Se
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Attachment

Member Hubs Miami, LLC

Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title	Name and Address	Title	Name and Address	
Manager	John Belniak	Manager	James H. Machinist	
	121 Drivers Edge		121 Drivers Edge	
	Traverse City, MI 49684		Traverse City, M1 49684	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEMBER HUBS HOSPITALITY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEMBER HUBS HOSPITALITY, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204324394

Date: 12-15-20

4427745 8300 SR# 20208653280