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TO:	Registration Section Division of Corporations	•	•	ě	*. *	¢ .	5
en e	Dead Horse Powerworks, LLC						
SUBJ		ne of Limited	Liability C	ompany		-	_
Γhe e	enclosed "Application by Foreign Limited Liability	Company for	· Authorizat	ion to Tra	ınsact Busii	ness in Florida	ı," Certificate o
	ence, and check are submitted to register the above						
Please	e return all correspondence concerning this matter	to the followi	ng:				
	Patrick Kelly						
	-	Name of l	Person				_
	Dead Horse Powerworks, LLC					<i>C17</i>	20
		Firm/Con	npany			至夏	77
	624 45th Street Court W					1-M	2 -
		Addre	:SS				
	Palmetto, FL 34221					E S	<u> </u>
		City/State and	Zip Code				-: 03 -: 03
	patrick.kelly.k@gmail.com						
	E-mail address: (to b	be used for fut	ure annual	report noti	ification)		_
For fu	arther information concerning this matter, please c	all:					
	Patrick Kelly	23 at (	31	944-475	8		
	Name of Contact Person		rca Code	Dayt	time Teleph	none Number	_
	Mailing Address:	· · · · · · · · · · · · · · · · · · ·	Address:				
	Registration Section	Registration Section					
	Division of Corporations		Division of Corporations				
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	Tallahassee, FL 32314		N. Monro nassee, FI		, Suite 81	0	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT	OF STAT	'F			
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing F		155.00 Filii		<b>■</b> \$160	0.00 Filing Fee	. Certificate
	Certificate		Certific	_		of Status & Ce	

## 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. Dead Horse Powerwork (Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.," or "LLC.")			
•			, , ,			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited I	Liability Company," "L.L C," or "LLC.		
Michigan			85-2931595			
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	nized) (FEI number, if applicable)				
				ت <b>کو</b>		
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registratio ine penalty	n.) liability)			
7367 Lumley Rd. 5.		6.	7367 Lumley Rd. (Mailing Address)	2021 JAN 13		
(Street Address of Principal Office)	<del> </del>	0.	(Mailing Address)	65 - M		
Bear Lake, MI 49614			Bear Lake, MI 49614	OF ST		
				O3 FL		
			<del></del>			
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NQT	acceptable)			
	Patrick Kelly					
Name:	- autor Keny					
Office Address:	624 45th Street Court W					
	Palmetto		34221			
	(City)		, Florida(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.

(Revistered 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]:

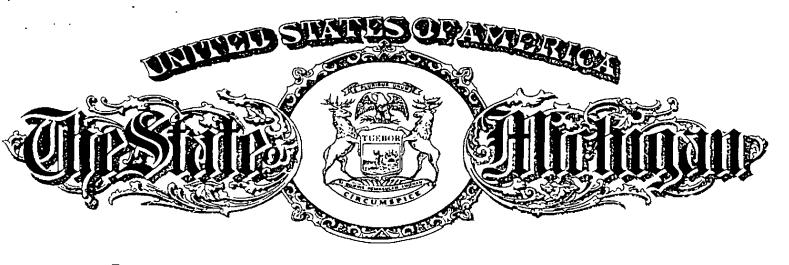
Title or Capacity:	Name and Address:	Title or Capacit	<u>Name and</u>	Name and Address:	
□Manager	Name: Patrick Kelly	□Manager	Name:		
■Member	Address: 624 45th Street Court W	□Member	Address:		
□Authorized	Palmetto, FL 34221	□Authorized			
Person		Person			
Other	Other	□Other	Other_		
□Manager	Name:	□Manager	Name: 2021 A	-TI	
□Member	Address:	□Member	Address:		
□Authorized		□Authorized	- SS 3		
Person		Person	E. FI	<u> </u>	
□Other	Other	Other	Other_		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	Other	□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.

Patrick Kelly

Typed or printed name of signee





Lansing, Michigan

This is to Certify That

DEAD HORSE POWERWORKS, LLC

was validly authorized on August 25, 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.

STATE

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: 21010144908

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of January, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau