

M21000000889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

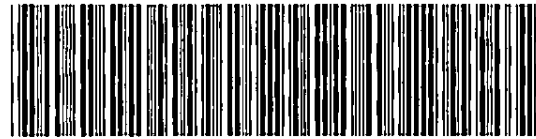
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

KLAS Practice Solutions L.L.C.

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:

Philip Cole

\_\_\_\_\_  
Name of Person

KLAS Practice Solutions L.L.C.

\_\_\_\_\_  
Firm/Company

6323 Wolverine Trail

\_\_\_\_\_  
Address

Alger, MI 48610

\_\_\_\_\_  
City/State and Zip Code

info@klassolutions.com

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

For further information concerning this matter, please call:

Philip Cole

989

233-4200

\_\_\_\_\_  
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:

KLAS Practice Solutions L.L.C.

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 85-2099372

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)

6323 Wolverine Trail

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Alger, MI 48610

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

Philip Cole

Name: \_\_\_\_\_

30551 Annadale Dr

Office Address: \_\_\_\_\_

Wesley Chapel

33545

\_\_\_\_\_, 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.

\_\_\_\_\_  
(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:**  
☐ Manager Name: Philip Cole  
☒ Member Address: 6323 Wolverine Trail  
Alger, MI 48610  
☐ 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:**  
☒ Manager Name: Clint Herrema  
☐ Member Address: 4846 Kirkshire  
Hudsonville, MI 49426  
☐ Authorized  
Person  
☐ Other ☐ Other

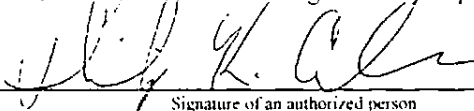
☐ Manager Name:   
☐ Member Address:   
☐ Authorized  
Person  
☐ Other ☐ Other

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

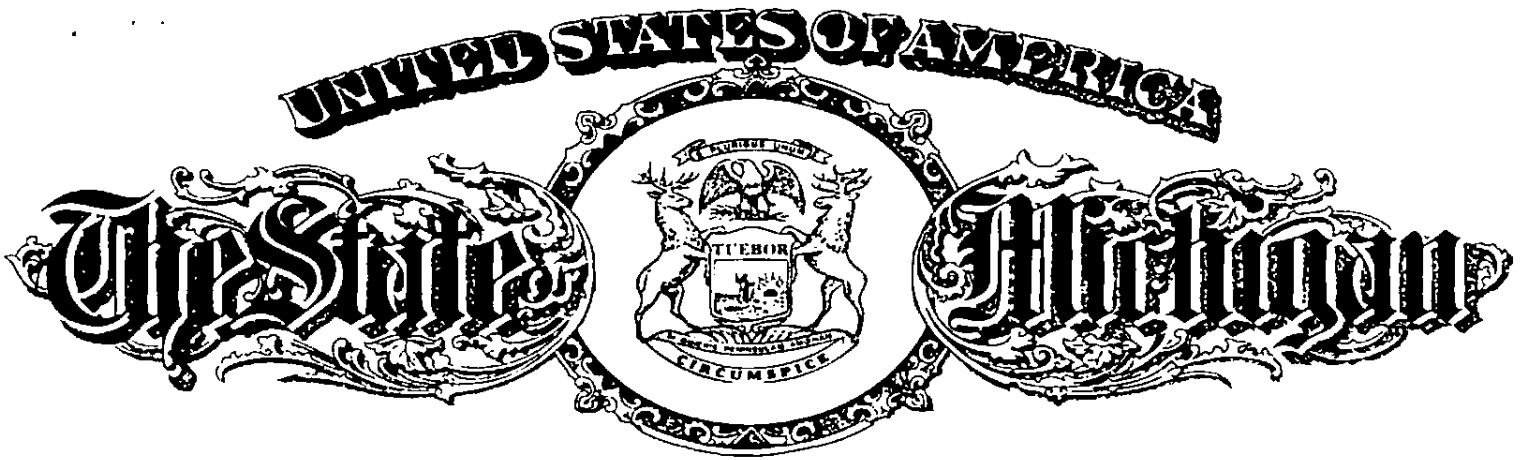
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
Signature of an authorized person

Philip K. Cole  
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**KLAS PRACTICE SOLUTIONS L.L.C.**

*was validly authorized on May 13, 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.*



*Sent by electronic transmission*

Certificate Number: 21010274005

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of January, 2021.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau