

N 210000003055

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

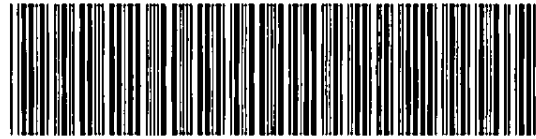
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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2021 MAR -1 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

YS  
3/17/21

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

23 Feb 2021

To Whom It May Concern

Piston Cup Properties is a registered LLC in the state of Michigan. We would like to participate in the real estate market in Florida as well. We are requesting to do business in Florida under the same name, Piston Cup Properties, LLC using Bert Parsley from Fort Myers as our registered agent. Enclosed is our application for registration as a foreign LLC in the state of Florida.  
Thank you for your consideration of this matter.

Sincerely,



Russ Schrag, Manager  
Piston Cup Properties, LLC  
815-326-5742

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TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

Piston Cup Properties 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:

Russell Schrag

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

Piston Cup Properties LLC.

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

2878 E. 2539th rd

\_\_\_\_\_  
Address

Marseilles IL 61341

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

schrag@mtco.com

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

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DIV. OF STATE  
CORP. SEC. FL

For further information concerning this matter, please call:

Russell Schrag

815

326-5742

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:

Pistea Cup Properties 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

EIN 46-2197743

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

3. \_\_\_\_\_  
(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)

2878 E 2539th rd, MARSEILLE, IL 61341

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

6. \_\_\_\_\_  
(Mailing Address)

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

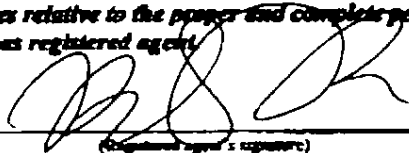
Name: Bert Parsley

Office Address: 2147 First St

Fort Myers 33901  
\_\_\_\_\_, 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)

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TALLAHASSEE, FL

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: Russell Schrag  
2878 E 2539th rd  
☐ Member Address: Marsilles, IL 61341  
☐ 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.

*Russell Schrag*

Signature of an authorized person

Russell Schrag

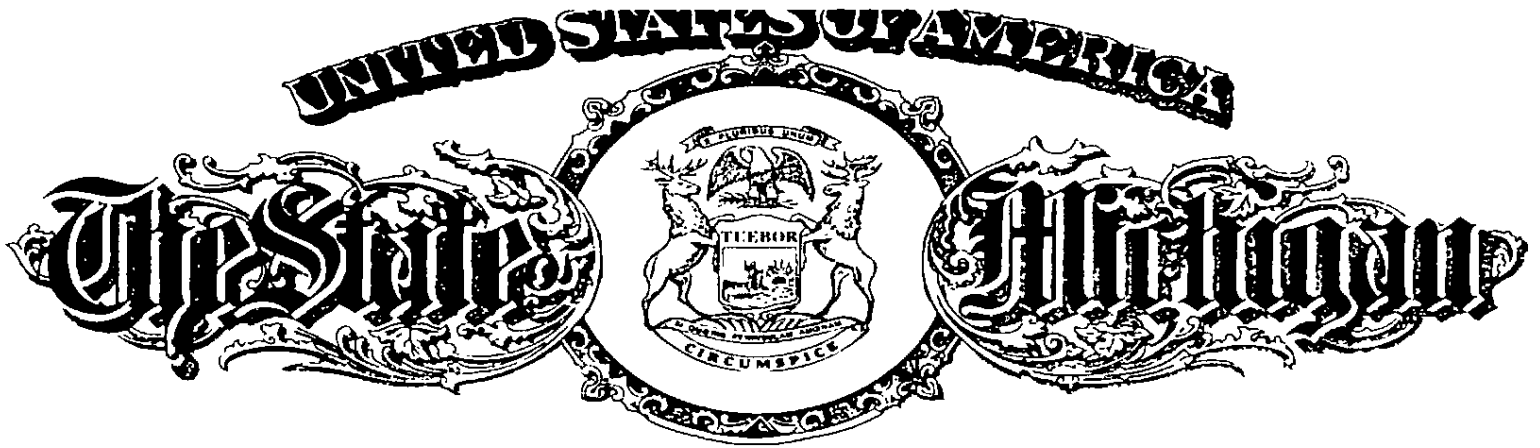
**Title or Capacity:** **Name and Address:**

☐ Manager Name: Leanne Schrag  
2878 E 2539th rd  
☒ Member Address: Marsilles, IL 61341  
☐ Authorized  
Person  
☐ Other ☐ Other

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

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

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TALLAHASSEE, FL



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**PISTON CUP PROPERTIES, LLC**

*was validly authorized on March 21, 2013, 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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MAR - 1 PM 3:22  
REG. SEC. DIV.  
STATE OF MICHIGAN

*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: 21020549801**

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 22nd day of February, 2021.*

*Linda Clegg*

**Linda Clegg, Director**

**Corporations, Securities & Commercial Licensing Bureau**