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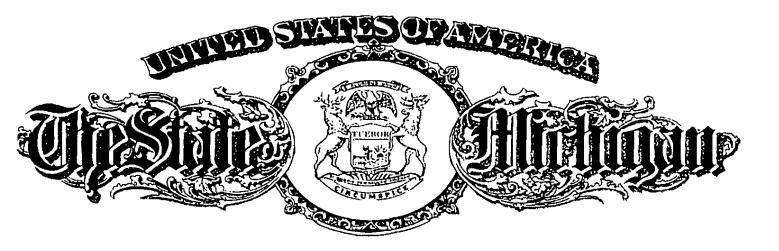
COVER LETTER

ECT: Sugar talm 1	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida," Coreferenced foreign limited liability company to transact busines	
return all correspondence concerning this matter t	o the following:	
Stephanie t	614	
•	Name of Person	
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Applied Ima	9179	21:
	Firm/Company	1021 FZE 30
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Grand Rapid	MI 49512	<u>一</u>
• 0	City/State and Zip Code	
SUALLA NOOLT	CONTAIALTENA COMO	
E-mail address: (to be	e used for future annual report notification)	
rther information concerning this matter, please ca	II:	
Cit at a 11 11	N. CIA 600A	
Stephanie Holt Name of Contact Person	at (1016) 512-5280 Area Code Daytime Telephone Number	
Name of Confact (Cison	Area Code Dayume Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
rananasso, r D DDJ 17	Tallahassee, FL 32303	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECT COMPANY TO TRANSACT BUS	ION 605.0902, FLORIDA STATUTES, THE I INESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGISTER A	FOREIGN TIMITED LIABILITY
	_	MENTS, LLC ted Liability Company, ""LLC," or "LLC.")	
It name univailable, enter alternate ra	one adopted to the purpose of transacting business in	Florida The alternate name must include "Limited Liability	y Company," "L.L.C," or "LLC ")
	ich foreign limited hibility company to organized)	3. 85 - 3998147	
4.	iDate first transacted hasiness in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration)	_
5. 3801 Sugar Ostroci Address of Principal Office)	Palm Drive	6. <u>5555</u> Glenw	bood Hills Parkway SE
٠. سد	-L_33619_	Grand Rapids	, M: 49512
			2021
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	20
Name:	Robert Bell		PR D
Office Address:	3801 Sugar Pas	m Drive	5
	_lampa (Crry)	, Florida <u>33619</u> (Zip code)	
designated in this applicate to comply with the provise	gistered agent and to accept service (of process for the above stated limited lia it as registered agent and agree to act in per and complete performance of my dut	this capacity. I further agree
	Rober Beel		
	(Registered age	in: 5 higharere)	

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: □Manager Name: ______ □ Manager Member ☐ Member ☐ Authorized □ Authorized Grand Rapids, MI 49512 Person Person Other____ □Other Name: Stephanie Holt □Manager □Manager □Member ☐ Member Address: 5555 Glenwood Hills Prkmy - Authorized ☐ Authorized Grand Rapids, M. 49512 Person Person 78 Other_CFO_ □Other____ ☐ Other______ □Other____ □Manager Name: ______ □Manager Address: □Member ☐ Authorized □ Authorized Person Person □Other_____ □Other___ □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That SUGAR PALM INVESTMENTS, LLC

was validly authorized on November 12, 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.

Securilles & Commercia

Sent by electronic transmission

Certificate Number: 21030549606

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

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau