

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.
Account Number : 072100000047
Phone : (561) 659-1770
Fax Number : (561) 633-2261

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

Email Address: jhall@amrl.com

**Foreign Limited Liability Company
COPPER WAVE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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2021 JUN 14 PM 3:30

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COPPER WAVE LLC

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:

AMY B. SCHMIDT

Name of Person

Firm/Company

80 OTTAWA AVE NW, SUITE 101

Address

GRAND RAPIDS, MI 49503

City/State and Zip Code

ASCHMIDT@GREENVILLEPTRS.COM

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

For further information concerning this matter, please call:

AMY B. SCHMIDT

616

901-5651

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

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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:

1. COPPER WAVE LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. MICHIGAN 3. 86-1850849
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MAY 31, 2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0903, F.S. to determine penalty liability.)

5. 80 Ottawa Ave NW 6. PO BOX 230345
(Street Address of Principal Office) (Mailing Address)
SUITE 101 GRAND RAPIDS, MI 49503
GRAND RAPIDS, MI 49503

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

Name: CATHERINE KENT

Office Address: 340 ROYAL POINCIANA WAY, SUITE 321

PALM BEACH 33480
(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.

[Signature]

(Registered agent's signature)

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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: DOUGLAS F. MEIJER

☒ Member Address: 1396 BRIARCLIFF

☐ Authorized GRAND RAPIDS, MI 49546

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: AMY B. SCHMIDT

☐ Member Address: 6305 SCARBOROUGH DR.

☐ Authorized SE

Person ADA, MI 49301

☐ 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.

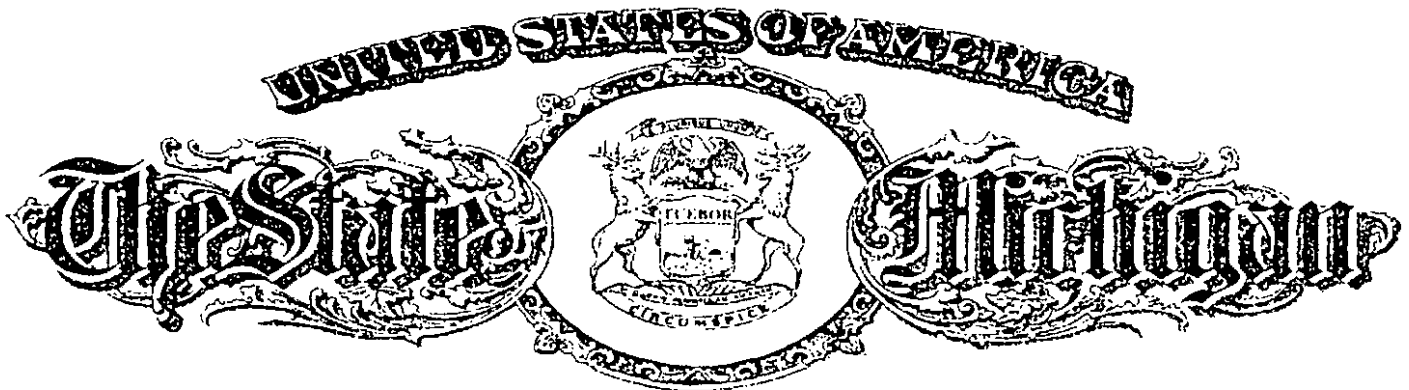
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Amy B. Schmidt
Signature of an authorized person

AMY B. SCHMIDT
Typed or printed name of signer

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This is to Certify That
COPPER WAVE LLC

was validly authorized on February 1, 2021, 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.



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 2nd day of June, 2021.

Linda Clogg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21060064403

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpventycertificate>