# MWW/10/9

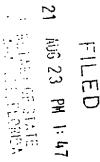
(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

SUBJECT: SLA Real Estate Holo	Limited Liability Company
	pany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	e following:
Steven Adams	
	Name of Person
SLA Real Estate Ho	oldings, LLC
Ţ.	Pirm/Company
908 Ashlee Court	
	Address
Norton Shores, MI	49441
City/S	State and Zip Code
cnixon@tigerpi.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please call:	
Colton Nixon	at (254 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAR'  \$125.00 Filing Fee  \$130.00 Filing Fee	

Certificate of Status

Certified Copy

of Status & Certified Copy



# FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 3, 2021

STEVEN ADAMS 908 ASHLEE CT NORTON SHORES, MI 49441

SUBJECT: SLA REAL ESTATE HOLDINGS, LLC

Ref. Number: W21000108129

We have received your document for SLA REAL ESTATE HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 621A00018197

autobient of Existence Enclosed.

Thomas.

Thomas.

Solve

616.403.1785 cell

### 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 COMPANYTO TRANSACT RESINESS IN THE STATE OF ELORIDA-

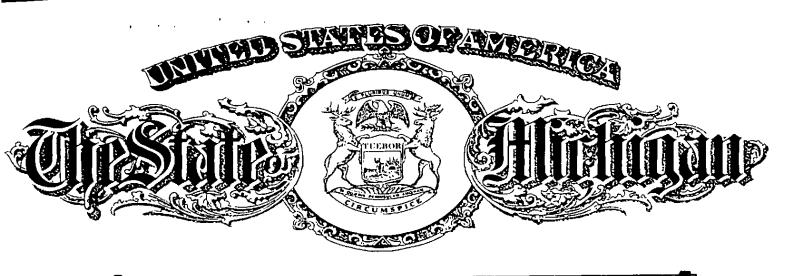
	te Holdings, LLC	
(Name of Foreign	Limited Liability Company; must include thir	mited Liability Company," "L.L.C.," or "LLC.")
	name adopted for the purpose of transacting business in	in Florida The alternate name must include "Limited Liability Company," "L.L.C," or "LI
Michigan		<sub>3.</sub> 87-1408353
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)
-		
t	(Date first transacted business in Florida, if prio (See sections 605,0904 & 605,0905, F.S. to det	or to registration ) etermine penalty liability)
908 Ashle	_	908 Ashlee Court
(Street Address of I		6. (Mailing Address)
	MI 40444	Nicotor Obsers NAL 40 444
ひしつけっか じんつ		NIAMAN SHARAC IVII /IVI///II
Norton Sho	res, MI 49441	Norton Shores, MI 49441
Norton Sho	res, IVII 4944 I	Norton Shores, IVII 49441
Norton Sho	res, IVII 4944 I	Norton Snores, IVII 49441
	res, IVII 4944 I	Box NOT acceptable)
	ss of Florida registered agent: (P.O. B	Box NOT acceptable)  Agent I.I.C.
		Box NOT acceptable)
7. Name and <u>street addres</u> Name:	SS of Florida registered agent: (P.O. B Northwest Registered	Agent LLC  STF 300
7. Name and street address	Northwest Registered 3901 4th St N S	Agent LLC STE 300
. Name and <u>street addres</u> Name:	SS of Florida registered agent: (P.O. B Northwest Registered	Agent LLC  STF 300

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.



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: Name and Address: Title or Capacity: Name: Steven Adams Manager Manager Name: \_\_\_\_\_ Address: 908 Ashlee Court **M**ember ☐ Member Address: Norton Shores, MI 49441 Authorized Authorized Person Person Other ... Other\_\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_ Name: Manager Address: Member ☐Member Address: ☐ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other \_\_\_\_ Other\_\_\_ Name: Manager Name: \_\_\_\_\_\_ Member Address: \_\_\_\_\_\_ Member Address: \_\_\_\_\_ 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. Steven Adams

Typed or printed name of signee



# Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
SLA REAL ESTATE HOLDINGS LLC

was validly authorized on June 25, 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.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of July, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 21070385606