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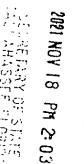
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(Add	lress)			
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(City	//State/Zip/Phone	e #)		
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(Document Number)				
Certified Copies	Certificates	of Status		
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COVER LETTER

TO:

Registration Section

ECT:	lame of Limited Liability Company	
	ity Company for Authorization to Transact Business in Florious referenced foreign limited liability company to transact b	
e return all correspondence concerning this matt	ter to the following:	
Michael Kennedy		
	Name of Person	<u> </u>
Ingenuity Counsel		
	Firm/Company	
1222 Lesperance Rd.		
	Address	_
Tecumseh, Ontario, Canada N8N 1	X5	55 ≥
	City/State and Zip Code	— 150 251 X
mk@ingenuitycounsel.com		SECRETARY ALLANASSE
E-mail address: (to	o be used for future annual report notification)	(13 mm
rther information concerning this matter, please	call:	PH >
Michael Kennedy	519 252-3888 at ()	7 03
Name of Contact Person	Area Code Daytime Telephone Numbe	 r
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amoun Please make check payable to: FLORIDA D ### \$125.00 Filing Fee	DEPARTMENT OF STATE	

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

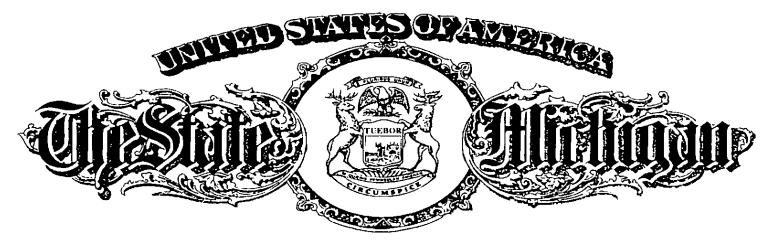
IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

fname unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida The altern	ate name must include "Limited Liability	y Company," "L.L.C," or "LLC.")
Michigan			-2696360	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if	applicable)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	egistration) ne penalty liabil	ity)	_
2105 Sheldon Rd. N			95 Sheldon Rd. N	
reet Address of Principal Office)		6	(Mailing Address)	
Canton, Michigan 4818	37	Car	nton, Michigan 48187	**
				ART 80
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acce	ptable)	HARY OF SASSEF, F
Name:	Corporation Service Company		_	# 2:03 State Tobble
Office Address:	1201 Hays Street		_	
	Tallahassee		32301 Florida	
	(City)	•	, Florida(Zip code)	_

Lynn M. Canne Longo	Lynn M. Cannellongo, AVP		
(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: Title or Capacity: Name and Address: Name: Michael Kennedy Name: Daniel Crosby ■Manager □Manager 5790 Riverside Drive East, Address: _______1222 Lesperance Road □Member □Member Tecumseh, Ontario, Canada N8N 1X5 Windsor, Ontario, Canada N8S 1B1 □ Authorized Authorized Person Person □Other Other □Other___ Other □Manager Name: □Manager Name: _____ □Member Address: _____ □ Member Address: □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other____ Other □Manager Name: _____ □Manager Name: Address: □Member □Member Address: □ Authorized □ Authorized Person Person □Other □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. Signature of an authorized person Michael Kennedy

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

COACHWOOD CAPITAL LLC

was validly authorized on September 4 , 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.

TO REGULATORY AND REG

Sent by electronic transmission

Certificate Number: 21110394005

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of November, 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau