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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

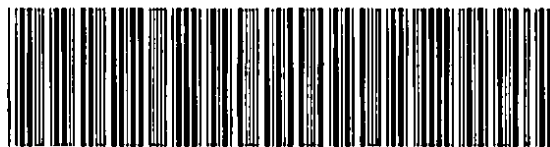
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SECRETARY OF STATE
TALLAHASSEE, FL TALLAHASSEE, FL

2021 DEC 27 AM 9:12

FILED FILED

S. ROBERTS

DEC 27 2021

December 21, 2021

CONCHER LLC
5100 Saddle Creek Court
Plymouth, MI 48170
313-231-2839
mjdholdings@aol.com

Florida Department of State, Division of Corporations

To whom it May concern,

Please find attached the application for the foreign registration of Concher LLC, a Michigan LLC. In addition, enclosed is check # 2618 in the amount of \$160.00 for the purposes of satisfying this application.

Please do not hesitate to contact me in case of questions.

Warm regards,

Mary Jarosz-deCoster
313-231-2839
mjdholdings@aol.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONCHER 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:

Maria Jarosz-de Coster & Sebastian de Coster

Name of Person

Concher LLC

Firm/Company

5100 Saddle Creek Court

Address

Plymouth, MI 48170

City/State and Zip Code

MJDHOLDINGS@aol.com

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

For further information concerning this matter, please call:

Mary de Coster

313

231-2839

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:

1. CONCHER 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.")

State of Michigan

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

3.

(FEI number, if applicable)

Jan 1, 2022

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5100 Saddle Creek Court

Same

5. (Street Address of Principal Office)

6. (Mailing Address)

Plymouth, MI 48170

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

Name: Greg Oropeza Esq

Office Address: 221 Simonton St.

Key West

(City)

, Florida

33040

(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)

FILED
2021 DEC 27 AM 9:12
TALLAHASSEE, FLORIDA
STATE
TALLAHASSEE, FL

FILED

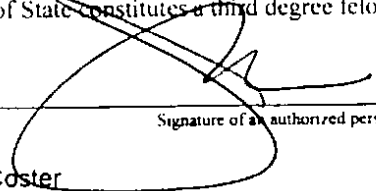
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Sebastian de Coster	<input type="checkbox"/> Manager	Name: Maria Jarosz-deCoster
<input type="checkbox"/> Member	Address: 5100 Saddle Creek Ct	<input type="checkbox"/> Member	Address: 5100 Saddle Creek Ct.
<input checked="" type="checkbox"/> Authorized	Plymouth, MI 48170	<input checked="" type="checkbox"/> Authorized	Plymouth, MI 48170
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name:	 <input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	Name:	 <input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.


Signature of an authorized person

Sebastian de Coster
Typed or printed name of signee

DEC 21, 2021

UNITED STATES OF AMERICA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
CONCHER LLC

was validly authorized on October 29, 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 December, 2021.

A handwritten signature in cursive script that reads "Linda Clegg".

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau