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Director of Corporations

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2022 JAN 28 AM 8:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

Foreign Limited Liability Company
Fed95, LLC

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

2022 JAN 28 PM 3:55

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FED95, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." 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," "L.L.C." or "LLC.")

2. MI 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (TIN number, if applicable)

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

5. 16 MONROE CENTER ST. NE STE. 200-C 6. 16 MONROE CENTER ST. NE STE. 200-C
(Street Address of Principal Office) (Mailing Address)
GRAND RAPIDS, MI 49503 GRAND RAPIDS, MI 49503

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: C T Corporation System Christine Kaim
(Registered agent's signature) Assistant Secretary

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

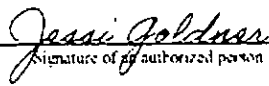
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Jessi Goldner</u>	☒ Manager	Name: <u>Bobbie Boykin</u>
☐ Member	Address: <u>16 Monroe Center St. NE</u>	☐ Member	Address: <u>16 Monroe Center St. NE</u>
☒ Authorized	Ste. 200-C	☐ Authorized	Ste. 200-C
Person	<u>Grand Rapids, MI 49503</u>	Person	<u>Grand Rapids, MI 49503</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ 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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

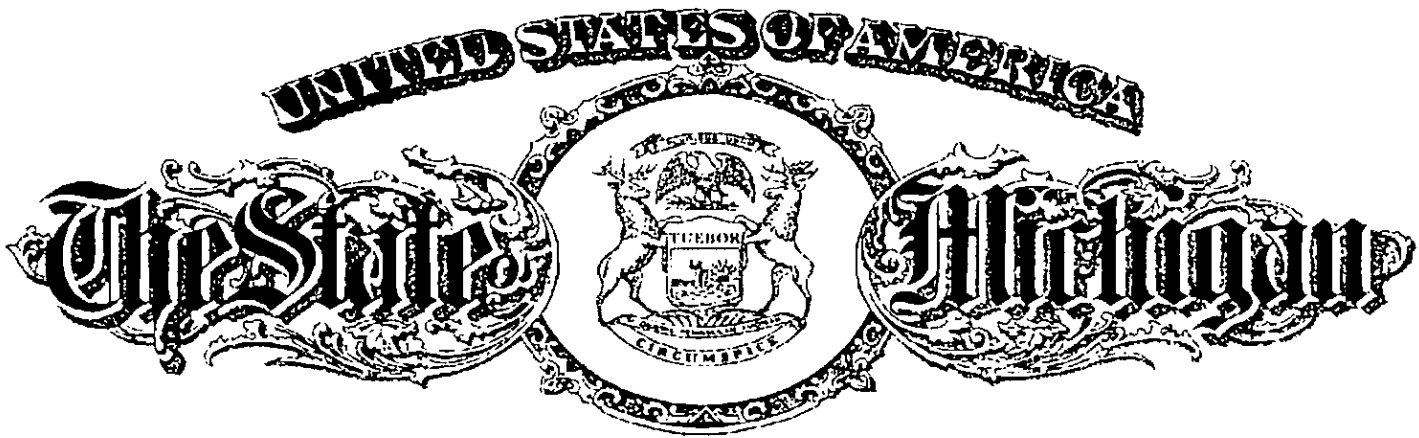
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

 Jessi Goldner

 Typed or printed name of signer



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

FED95, LLC

*a(n) Nottawaseppi Huron Band of the Potawatomi FOREIGN LIMITED LIABILITY COMPANY,
was validly authorized on January 17, 2019, to transact business in Michigan, and that said limited
liability company holds a valid certificate of authority to transact business in 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 limited liability company
is in good standing in Michigan as of this date and is duly authorized to transact in this state any business set forth
in its application which a domestic limited liability company formed under this act may lawfully conduct except as
limited by statements in its Application for Certificate of Authority or under the law of its jurisdiction of organization.*

*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

Certificate Number: 22010625703

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 26th day of January, 2022.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau