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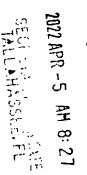
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S. ROBERTS

APR 0 5 2022

COVER LETTER

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AN UBJECT:	NNA LOUISE VENTURES, LLC				
Name of Limited Liability Company					
he enclosed "Apxistence, and ch	pplication by Foreign Limited Liability Company heck are submitted to register the above referenced	for Authorization to Transact Business in Florida," Certificate foreign limited liability company to transact business in Florida.			
lease return all	correspondence concerning this matter to the follo	wing:			
	Curtis L. Underwood				
	Name o	f Person			
	ANNA LOUISE VENTURES, LLC				
	Firm/C	ompany			
	900 Monroe Ave, NW				
	Add	dress			
	Grand Rapids, Michigan 49503				
	City/State a	nd Zip Code			
	Cunderwood@mikameyers.com				
-	E-mail address: (to be used for	future annual report notification)			
or further infort	mation concerning this matter, please call:				
Curtis U	Underwood	616 632-8021			
	Name of Contact Person	Area Code Daytime Telephone Number			
Registi Divisio P.O. B	on of Corporations Box 6327 Divassee, FL 32314 Reg Div	et Address: gistration Section rision of Corporations c Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303			
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTME: 5.00 Filing Fee	NT OF STATE \$155.00 Filing Fee & S160.00 Filing Fee, Certificate Certified Copy 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:

ANNA LOUISE VENT	Limited Liability Company; must include "Limited	Liability Co	ompany," "L.L.C.," or "LLC.")		—	
ame unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The alter	nate name must include "Limited Liabil	lity Company," "L.L.C,	" ot "1.1,C	
Michigan			6-2064414			
(Inrisdiction under the law of which foreign limited hability company is organi		3		(FEI number, 12 applicable)		
(increase the law of w	men toreign ilmited habitity company is organized)		(4 to utmoer)	парунсане		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liab	dity)			
900 Monroe Ave, NW		90	0 Monroe Ave, NW			
reet Address of Principal Office)		6	(Mailing Address)			
			•			
Grand Rapids, Michiga	an 49503	Gi	rand Rapids, Michigan 4950	3		
		_				
				-		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)			
				ζ,: Ι	<u>~</u>	
	Registered Agents Inc.			7 (2)	2022 APR	
Name:	-				P	
	7901 4th St N, STE 300			II '-	ŧ	
Office Address:					വ	
	St. Petersburg		33702		AH 8: >	
			, Florida	```	သ	
	(Cav)		(Zip code)	71127	• •	

Registered agent's acceptance:

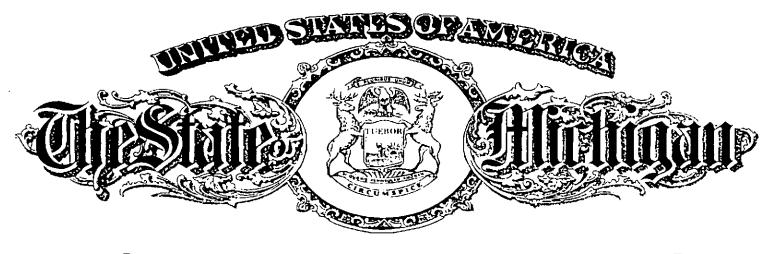
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

Bell (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: Curtis Underwood □Manager Name: ____ □Manager 900 Monroe Ave, NW Address: _____ Address: 1 □Member □Member Grand Rapids, Michigan 49503 □ Authorized ■ Authorized Person Person □Other_____ □Other_____ Other____ □Other_____ □Manager Name: _____ □ Manager Name: ______ ■ Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other ____ □Other Other____ Other____ Name: ____ Name: _____ □Manager □Manager Address: Address: _____ □Member ☐ Member □ 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 \$.817.155. F.S. Signature of an authorized person

Typed or printed name of signee

Curtis Underwood



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ANNA LOUISE VENTURES, LLC

was validly authorized on February 12, 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 25th day of February, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 22020676104