Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M22000007046

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000163170 3)))

H22000163170 3ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

2022 MAY -5 PM 3:22

Foreign Limited Liability Company

1030 CORONADO CT, LLC

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

2022 MAY -5 AM 9:44

AMD FILED

Electronic Filing Menu Corporate Filing Menu Help

MAY 05 2022

K. Brumbley

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. 1030 Coronado Ct, 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. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 954 Penniman Ave.
(Street Address of Principal Office)
Plymouth, MI 48170

6. 954 Penniman Ave.
(Mailing Address)
Plymouth, MI 48170

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

Plymouth, Florida 33324
(City) (Zip code)

2022 MAY -5 AM 9:44
APPROVED AND FILED

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.

Stephanie Henez, Assistant Secretary
(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:
■Manager	Name: Jennifer E. Sgroi	☐Manager	Name: Jennifer E. Sgroi
☐Member	Address: 954 Penniman Ave.	■Member	Address: 954 Penniman Ave.
☐Authorized	Plymouth, MI 48170	☐Authorized	Plymouth, MI 48170
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Deborah Kim Donnelly	☐Manager	Name: Michael Chene Donnelly
■Member	Address: 18429 Stoneridge Ct.	■Member	Address: 18429 Stoneridge Ct
☐Authorized	Northville, MI 48168	☐Authorized	Northville, MI 48168
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)

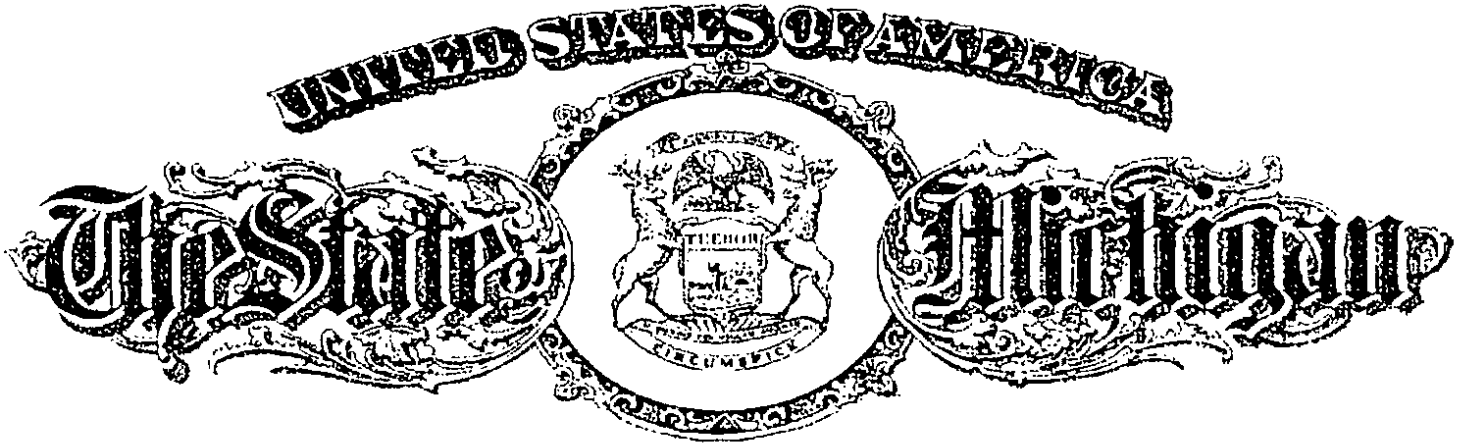
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer E Sgroi

Signature of an authorized person

Jennifer E. Sgroi

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

1030 CORONADO CT, LLC

was validly authorized on May 2 , 2022, 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 4th day of May , 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22050113602

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.