

M22000011789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

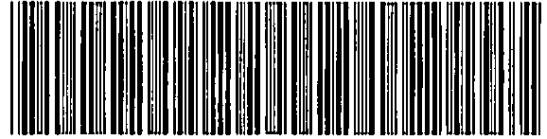
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. LEMIEUX  
FBI - TAMPA  
FLORIDA

T. LEMIEUX  
JUL 28 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Car Doc Maintenance, 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:

Shaun Torley

\_\_\_\_\_  
Name of Person

Protective

\_\_\_\_\_  
Firm/Company

14755 North Outer 40 Road, Suite 400

\_\_\_\_\_  
Address

Chesterfield, MO 63017

\_\_\_\_\_  
City/State and Zip Code

**MJCAPPO@GMAIL.COM**

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

For further information concerning this matter, please call:

Shaun Torley

205

268-8468

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. Car Doc Maintenance, 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 46-5218427  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

3/12/2014  
(Date first transacted business in Florida, if prior to registration)  
(See sections 602.0904 & 605.0905, F.S. to determine penalty liability)

5. 46352 MICHIGAN AVE  
(Street Address of Principal Office)

6. (Mailing Address)

Suite 200

Canton, MI 48188

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

Name: Eric Berglands-Cappo

Office Address: 8442 US HWY 19

Port Richey, Florida 34668  
(City) (Zip code)

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2022 JUL 21 PM 3:28  
CLERK OF DISTRICT COURT  
HALL COUNTY, FLORIDA

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)

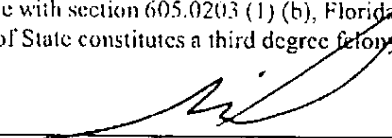
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

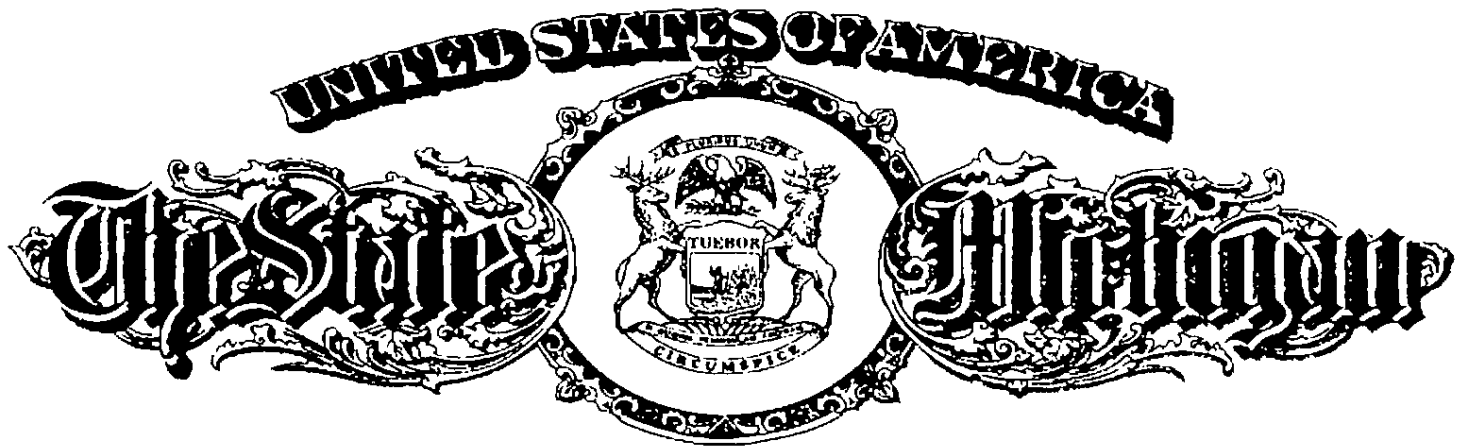
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Berglands-Cappo, Eric	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 414 S. Main St., SUITE 804	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ann Arbor, MI 48104	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Berglands-Cappo, Michael	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 414 S. Main St., SUITE 804	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Ann Arbor, MI 48104	<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  
  
Michael Berglands-Cappo  
\_\_\_\_\_  
Typed or printed name of signee



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**CAR DOC MAINTENANCE, LLC**

*was validly authorized on March 20, 2014, 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*

Certificate Number: 22050516401

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 18th day of May, 2022.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau