

M220000014377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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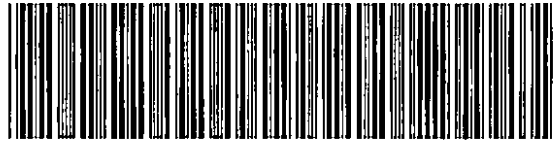
(Business Entity Name)

(Document Number)

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2022 SEP - 6 PM 2:35

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S. ROBERTS

SEP - 6 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THRIVE LOCAL 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:

KATHERINE DALPRA  
Name of Person

THRIVE LOCAL LLC  
Firm/Company

142 MOSAIC PARK AVE  
Address

ST. AUGUSTINE, FL 32092  
City/State and Zip Code

Kathy @ gothrive local . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE DALPRA at ( 312 ) 498-3151  
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. THRIVE LOCAL LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

THRIVE LEADS  
(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. 45-3263454  
(FEI number, if applicable)

4. 6/27/22  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 142 MOSAIC PARK AVE  
(Street Address of Principal Office)

6. 142 MOSAIC PARK AVE  
(Mailing Address)


ST. AUGUSTINE, FL 32092

ST. AUGUSTINE, FL 32092

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

Name: KATHERINE DALPRA

Office Address: 142 MOSAIC PARK AVE

ST. AUGUSTINE , Florida 32092  
(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.

K. Dalpra  
(Registered agent's signature)

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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: <u>KATHERINE DALPRA</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>142 MOSAIC PARK AVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>ST. AUGUSTINE, FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>32092</u>	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 _____

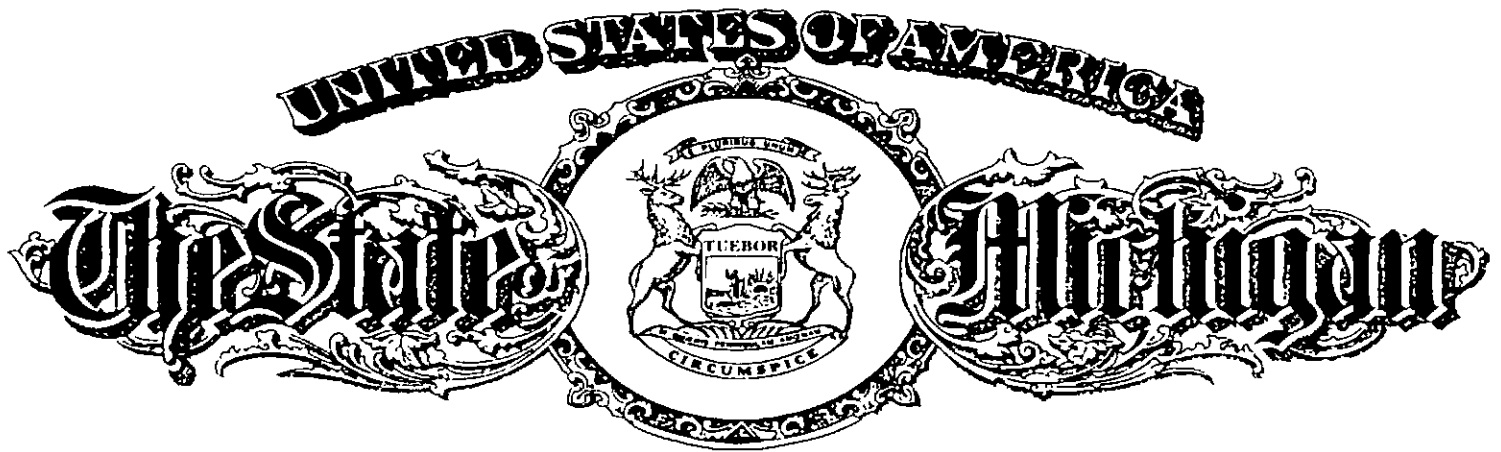
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

K DalPra  
Signature of an authorized person

KATHERINE DALPRA  
Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**THRIVE LOCAL LLC**

*was validly authorized on September 15, 2011, 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: 22070504103

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 22nd day of July, 2022.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau