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COVER LETTER

TO:

Registration Section Division of Corporations

	Name of Limited Liability Company		
	ability Company for Authorization to Transact Business in Florida, above referenced foreign limited liability company to transact business.		
ease return all correspondence concerning this n	natter to the following:		
ERIC SCHWARTZ			
	Name of Person	•	
ABERNETHY SCHWARTZ P.	ARTNERS, LLC		
	Firm/Company	-	
2531 JACKSON AVE #337			
Address			
ANN ARBOR, MI 48103		12	
	City/State and Zip Code		
ashley@blucconduit.com		PH 2: 34	
E-mail address	: (to be used for future annual report notification)	 ယ	
or further information concerning this matter, ple	ease call:	~	
ASHLEY LEWIS	301 2578961 at ()		
Name of Contact Persor	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following ame Please make check payable to: FLORID ☐ \$125.00 Filing Fee ☐ \$130.00 Fil	A DEPARTMENT OF STATE	Certificate tified Copy	

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ARTZ PARTNERS, LLC Limited Liability Company; must include "Limite	d Liabilit	Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liability Comp	pany," "L. L. C," or "L1 C."
MICHIGAN 2.		3.	842237751	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	.,.	(FEI number, if applica	.ble)
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration	a)	
2531 JACKSON AVE	#337		2531 JACKSON AVE #337 (Mailing Address)	20 <u>1</u> 0
5(Street Address of Principal Office)			-	, (
ANN ARBOR, MI 481	03		ANN ARBOR, MI 48103	
				•
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT:	acceptable)	P: 12: 24
Name:	Northwest Registered Agent LLC		·	
Office Address:	7901 4th St N, STE 300			
	St. Petersburg		33702 , Florida(Zip code)	
	18 197)		title ease.	

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: ERIC SCHWARTZ	■Manager	Name:	
∃Member	Address: 2531 JACKSON AVE #337	□Member	Address: 2531 JACKSON AVE #337	
☐Authorized	ANN ARBOR, MI 48103	□Authorized	ANN ARBOR, MI 48103	
Person		Person		
□Other	Other	□Other	Other	
∃Manager	Name:	□Manager	Name: ASHLEY LEWIS	
∃Member	Address: 2531 JACKSON AVE #337	□Member	Address: 2531 JACKSON AVE #33	
Authorized	ANN ARBOR, MI 48103	■ Authorized	ANN ARBOR, MI 48103	
Person		Person	292	
Other		□Other	Other	
			52	
□Manager	Name:	□Manager	Name:	
]Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other	Other	

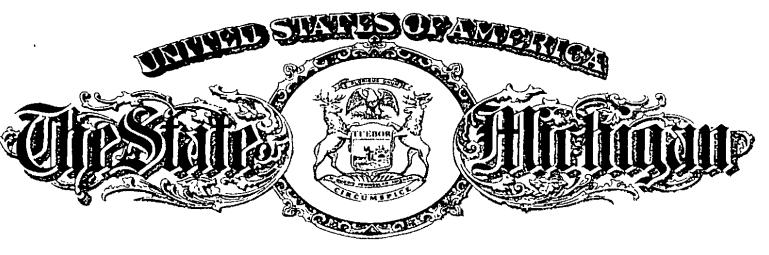
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

ASHLEY LEWIS





Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That

ABERNETHY SCHWARTZ PARTNERS, LLC

was validly authorized on June 26. 2019, 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.

1322 1 12

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.

.. پ

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.

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Sent by electronic transmission

in the City of Lansing, this 8th day of September , 2022.

In testimony whereof, I have hereunto set my hand,

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 22090446807