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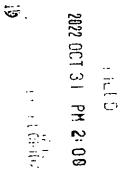
	(Requestor's Name)				
((Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL			
·	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of S	Status			
Special Instructions to Filing Officer:					
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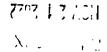




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, COVER LETTER

TO:	Registration Section Division of Corporations	
	MCCUNE BUILDING, LLC	
	Nam	ne of Limited Liability Company
The encl Existenc	losed "Application by Foreign Limited Liability ee, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter (to the following:
	Thomas M. McCune	
		Name of Person
	MCCUNE BUILDING, LLC	
	Firm/Company	
	33551 KATHERYN ST.	
		Address
	GARDEN CITY, MI 48135	
		City/State and Zip Code
	MCCUNEBUILDING@GMAIL.COM	
	E-mail address: (to be	e used for future annual report notification)
For furth	ner information concerning this matter, please ca	di:
WILLIAM MEEKS		941 755-2674 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
Registration Section Division of Corporations P.O. Box 6327		Registration Section
		Division of Corporations
		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\Boxed{\text{S125.00}}\$ \text{Filing Fee} \text{\$\overline{\text{S130.00}}\$ \text{Filing Fee}} \text{\$\overline{\text{Certificate of the following amount:}}}	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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. MCCUNE BUILDING (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C	"" or "LLC.	.")		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	orida. The alternate name must in	clude "Limite	d Liability Co	ompany," "L.L.C.	or "LL
MICHIGAN 2.		47-1218702 3.				
(Jurisdiction under the law of w	hich foreign limited hability company is organized)		(FEI ne	umber, if app	ficable)	
Has not transacted busi						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration) ne penalty liability)				
33551 Katheryn St.		33551 Katheryn 6.				
Street Address of Principal Office)		6. (Mailing Addre	481			_
Garden City, MI 48135	;	Garden City, MI 48135				
			<u> </u>			
						
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)			2022	
					130	
Name:	WILLIAM H. MEEKS, JR.			i	$\frac{\omega}{2}$	
	1429 60TH AVE W					
Office Address:	1427 GOTTI AVE. W			FE ORAD.	55	
	BRADENTON	. Florida	34207	3D.	00	
	(City)		(Zip code	}		

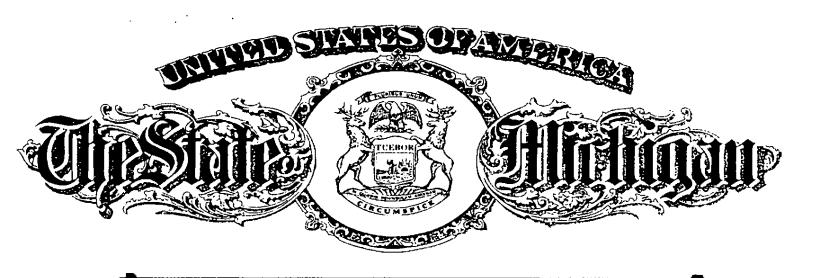
Registered agent's acceptance:

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.

(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: Thomas M. McCane □Manager Name: Address: 33551 Katheryn St. □Member □Member Address: **A**uthorized □Authorized Person Person □Other □Other_____ Other □Other___ Name: ☐ Manager ☐ Manager Name: Address: □Member □Member Address: _____ □ Authorized ☐ Authorized Person Person □Other___ □Other___ □Other__ □Other_____ □Manager □ Manager Name: _____ □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □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 s.817.155, F.S. Thomas McCune

Thomas McCune



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MCCUNE BUILDING, LLC

was validly authorized on February 26. 2015, 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 26th day of October, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 22100556508

From: LARA-CSCL-CorpOrders@michigan.gov,

To: whmatty@aol.com.

Subject: MI Corporations Division Email Subscription - Order Certificate

Date: Wed, Oct 26, 2022 10:20 am

Attachments: 469013173L-Certificate_of_GS-Domestic_LLC-PLLC.pdf (872K)

To William H Meeks, Jr.

Attached is the CERTIFICATE OF GOOD STANDING - DOMESTIC LLC/PLLC for MCCUNE BUILDING, LLC that you ordered. If you ordered multiple certificates, each will be processed and sent separately.

This electronic certificate can be verified online by entering the certificate number at: https://www.michigan.gov/corpverifycertificate.

The certificate number for this item is 22100556508.

Sincerely,

<u>Corporations Division</u>

Corporations, Securities & Commercial Licensing Bureau

Department of Licensing and Regulatory Affairs

Telephone: (517) 241-6470

This email was sent from an unmonitored email address. Please do not reply to this email. You may contact the Corporations Division using this email address: CorpsMail@michigan.gov