

1/24/23, 10:05 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**M23000000992**

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.

(((H23000030015 3)))



H230000300153AECO

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 : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Premier Taxi and Limo Services, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

S. FRANKLIN

JAN 25 2023

Please  
Provide  
original  
File date  
Submitted

Electronic Filing Menu

Corporate Filing Menu

Help

1/24/23

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. Premier Taxi and Limo Service, L.L.C.

(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.")

MI

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

Upon Qualification

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

5. 907 N. Main Street  
(Street Address of Principal Office)

6. 2462 Arrowwood Trail  
(Mailing Address)

Ann Arbor, Michigan  
48104

Ann Arbor, Michigan  
48105

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

Name:

Agents and Corporations Inc

Office Address:

539 Fifth Avenue South Ste 330

Naples

(City)


, Florida

34102

(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.

 W. Bolen Asst Sec.  
(Registered agent's signature)

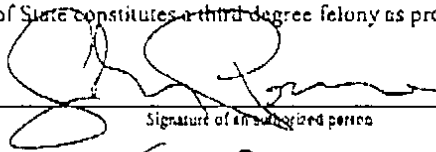
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

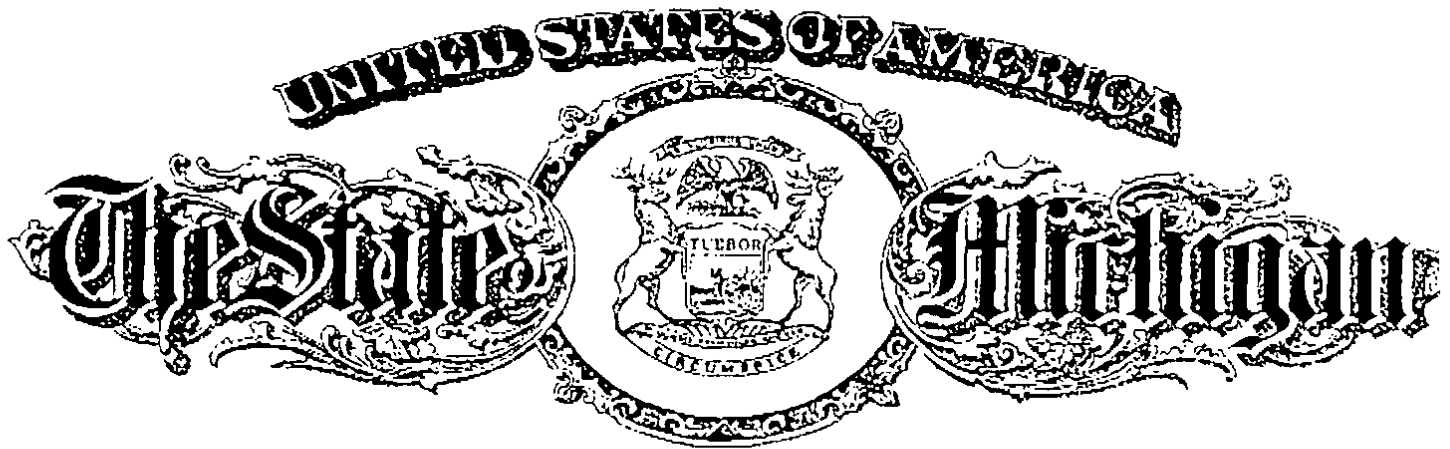
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>MANAGU Holding Group, LLC.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2402 Arrowwood</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Trail, Ann Arbor, Michigan 48105</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>21</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>21</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>1</u>
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	<u>21</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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  
 John Pearson  
 \_\_\_\_\_  
 Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PREMIER TAXI AND LIMO SERVICE, L.L.C.

was validly authorized on March 10, 2021, 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 23rd day of January, 2023.

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23010437709