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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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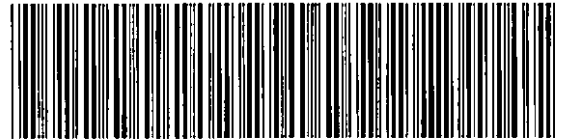
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 20 2023

ANDERSON & MAKULSKI, P.C.
OF COUNSEL

JULIUS J. HOFFMAN, P.C.

ATTORNEY AT LAW
6043 N. GATEHOUSE DRIVE, SE
GRAND RAPIDS, MICHIGAN 49546
(517) 262-5757
FAX (517) 784-7188
E-MAIL: jhoffman@jjhoffmanlaw.com

January 27, 2023

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Re: Application by Foreign Limited Liability Company to Transact Business in Florida

To Whom It May Concern:

I am submitting an Application by Foreign Limited Liability Company to Transact Business in Florida, for Hogwood Properties II-B, LLC, a Michigan limited liability company. I have also enclosed the Certificate of Existence from the State of Michigan dated January 19, 2023, and my check in the amount of \$125.00. I have also enclosed an envelope in which you can return the Certificate of Authority when the filing is completed.

If you have any questions feel free to contact me.

Sincerely,


Julius J. Hoffman

JJH:hmo

enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hogwood Properties II-B, 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:

Steven Hogwood
Name of Person

Hogwood Properties II-B, LLC
Firm/Company

P.O. Box 6156
Address

Jackson, Michigan 49204
City/State and Zip Code

shogwood@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julius J. Hoffman at (517) 262-5757
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. Hogwood Properties II-B, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4715 Eagle Drive 6. P.O. Box 6156
(Street Address of Principal Office) (Mailing Address)

Jackson, Michigan 49201 Jackson, Michigan 49204

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

Name: CT Corporation Sytem

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.

Christine Kelm

Christine Kelm
Assistant Secretary

(Registered agent's signature)

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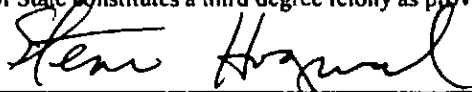
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Steven Hogwood</u>	<input type="checkbox"/> Manager	Steven Hogwood, Trustee of the Name: <u>Steven Hogwood Trust</u>
<input type="checkbox"/> Member	Address: <u>4715 Eagle Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>4715 Eagle Drive</u>
<input type="checkbox"/> Authorized	<u>Jackson, Michigan 49201</u>	<input type="checkbox"/> Authorized	<u>Jackson, Michigan 49201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Carol Lee Hogwood, Trustee of the Carol Lee Hogwood Trust			
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4715 Eagle Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Jackson, Michigan 49201</u>	<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)

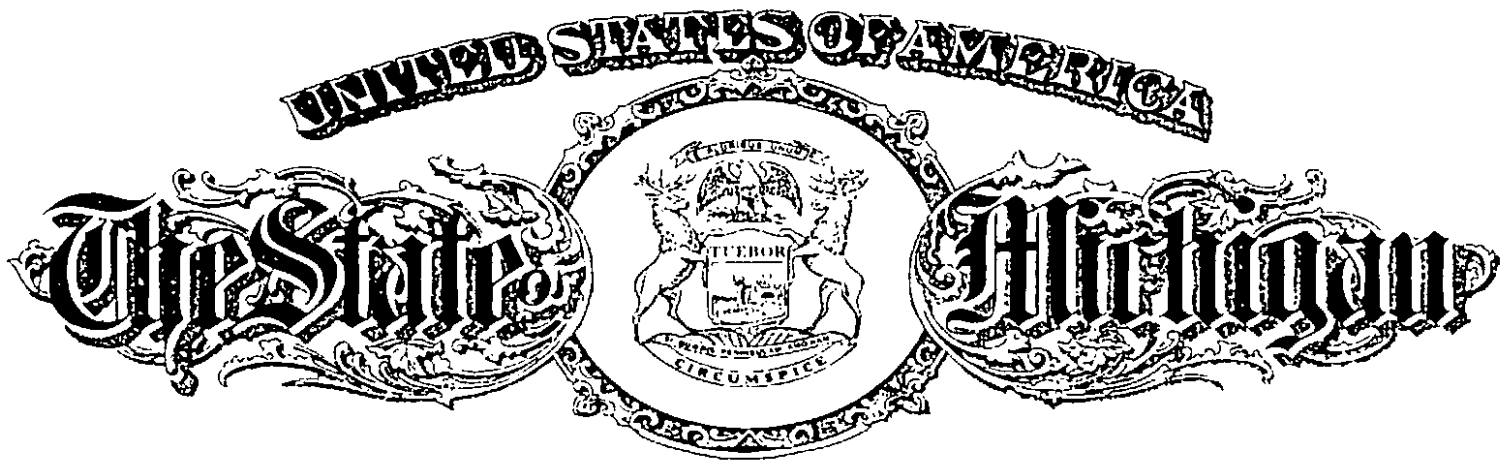
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Steven Hogwood, Manager

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HOGWOOD PROPERTIES II-B, LLC

*was validly authorized on October 26 , 2022, 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 19th day of January , 2023.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23010358208