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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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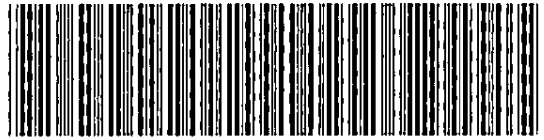
(Business Entity Name)

(Document Number)

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S. ROBERTS

MAR - 7 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LEMIEUX OFFICE SUITES, 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:

SHANNON PUGH

\_\_\_\_\_  
Name of Person

LEMIEUX OFFICE SUITES, LLC

\_\_\_\_\_  
Firm/Company

2517 PECK STREET, UNIT 4324

\_\_\_\_\_  
Address

MUSKEGON HEIGHTS, MI 49444-9998

\_\_\_\_\_  
City/State and Zip Code

TROPIFINANCE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON PUGH

231

766-7262

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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. LEMIEUX OFFICE SUITES, 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. 84-3380905  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/11/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>LEMIEUX OFFICE SUITES, LLC</u> (Street Address of Principal Office)	6. <u>LEMIEUX OFFICE SUITES, LLC</u> (Mailing Address)
<u>2517 PECK STREET UNIT 4324</u>	<u>2517 PECK STREET UNIT 4324</u>
<u>MUSKEGON HEIGHTS, MI 49444-9998</u>	<u>MUSKEGON HEIGHTS, MI 49444-9998</u>

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

Name: DIANNE H LEMIEUX

Office Address: 4866 COMMONWEALTH DR

SIESTA KEY, Florida 34242-1441  
(City) (Zip code)

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**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:**

☐ Manager              Name: DIANNE LEMIEUX

☒ Member              Address: 4866 COMMONWEALTH DR

☐ Authorized              SIESTA KEY, FL 34242-1441

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager              Name: SHANNON PUGH

☐ Member              Address: 2517 PECK STREET

☐ Authorized              UNIT 4324

Person              MUSKEGON HEIGHTS, MI 49444

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: CRAIG LEMIEUX

☒ Member              Address: 4866 COMMONWEALTH DR

☐ Authorized              SIESTA KEY, FL 34242-1441

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

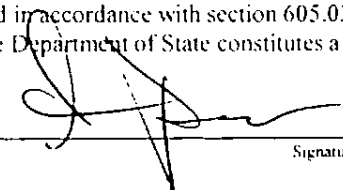
Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

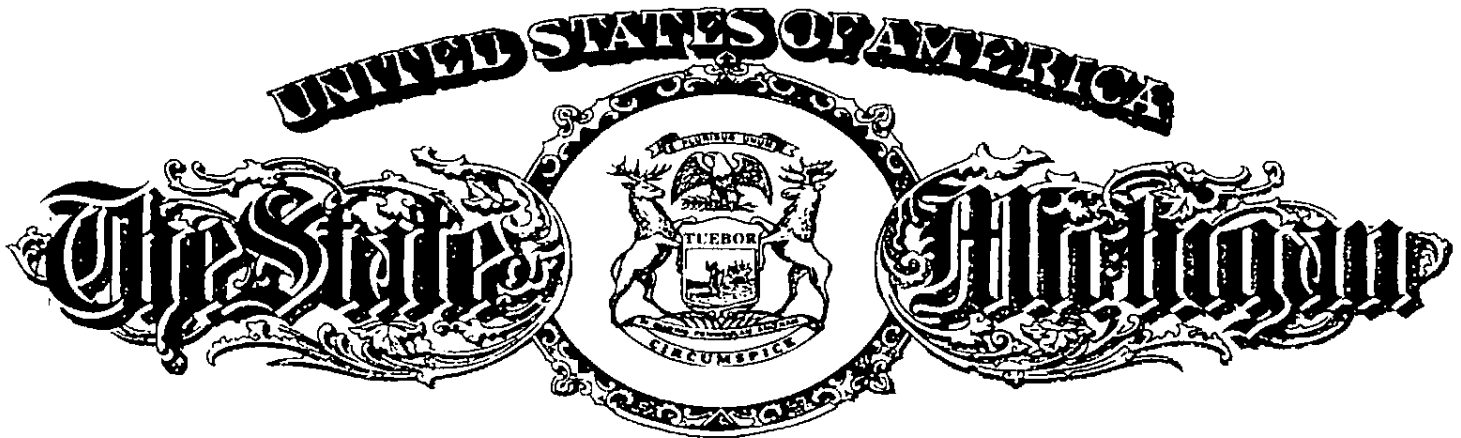
**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

SHANNON PUGH  
 \_\_\_\_\_  
 Typed or printed name of signee



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**LEMIEUX OFFICE SUITES, LLC**

*was validly authorized on September 18, 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.*

*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: 23010617208

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 31st day of January, 2023.*

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau