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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

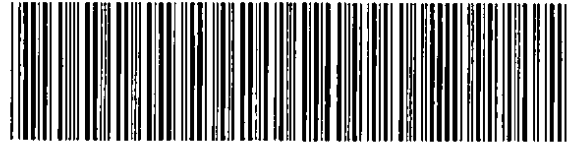
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 23 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Joel F. Yono, Esq.
2600 Auburn Road, Suite 240
Auburn Hills, Michigan 48326
Phone: (248) 419-5556
joel.yono@mwlodging.com

June 21, 2023
Via UPS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: 78th Avenue Hospitality, LLC's Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida**

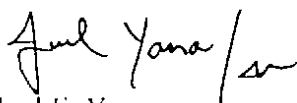
Dear Florida Registration Section,

Please find enclosed the following documents on behalf of 78th Avenue Hospitality, LLC a Michigan limited liability company:

- Cover Letter
- Application by Foreign Limited Liability Company to Transact Business in Florida
- Certificate of Good Standing
- A check on the amount of \$130 for filing fee & Certificate of Status

Should you have any questions or comments regarding the above, please do not hesitate to contact me.

Sincerely,


Joel F. Yono

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 78th Avenue Hospitality, 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:

Julia McKinney

Name of Person

78th Avenue Hospitality, LLC

Firm/Company

2600 Auburn Rd., Suite 240

Address

Auburn Hills, MI 48326

City/State and Zip Code

julia@mwlodging.com

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

For further information concerning this matter, please call:

Julia McKinney

248

419-5554

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. 75th Avenue Hospitality, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Michigan

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

92-3821896

3.

(FEL 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. 2600 Auburn Road

(Street Address of Principal Office)

Suite 240

Auburn Hills, MI 48326

6.

2600 Auburn Road

(Mailing Address)

Suite 240

Auburn Hills, MI 48326

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

Name: Fady Asmar

Office Address: 7801 S.W. 6th Street

Plantation

(City)

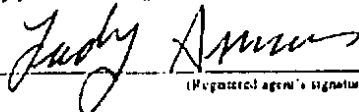
Florida

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, 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)

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SECRETARY OF
STATE
TALLAHASSEE
FLORIDA

FILED

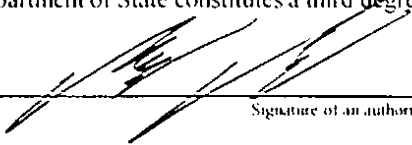
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Malik Abdulnoor</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Sahir Malki</u>
<input type="checkbox"/> Member	Address: <u>2600 Auburn Road</u>	<input type="checkbox"/> Member	Address: <u>4700 Lasher Road</u>
<input type="checkbox"/> Authorized	<u>Suite 240</u>	<input type="checkbox"/> Authorized	<u>Bloomfield Hills, MI 48302</u>
Person	<u>Auburn Hills, MI 48326</u>	Person	<u></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	_____	<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.

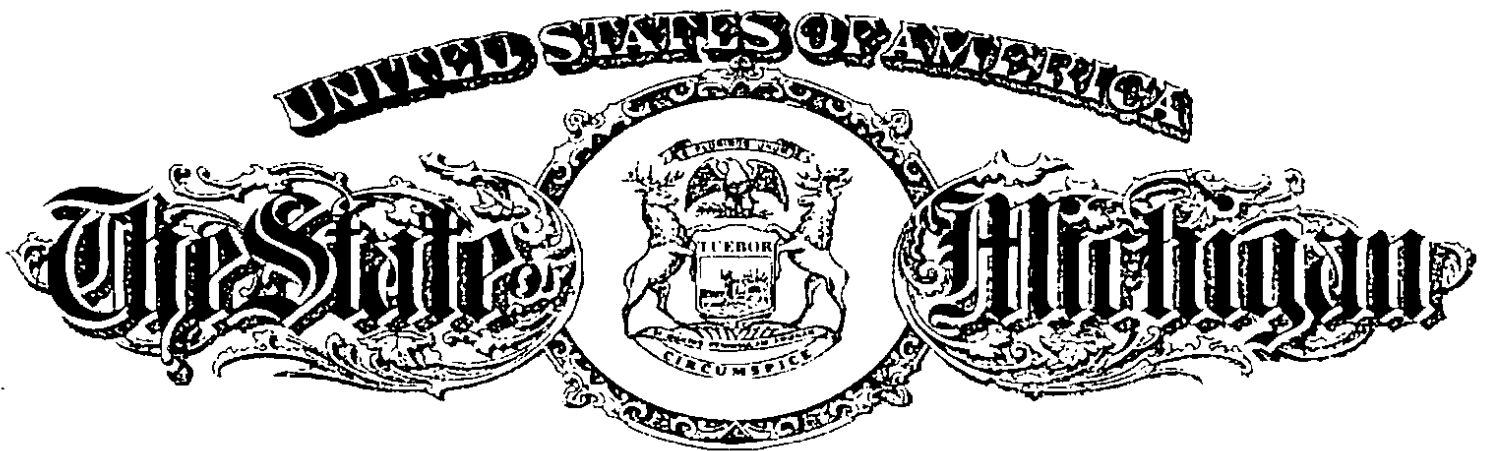
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

 Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

78TH AVENUE HOSPITALITY, LLC

was validly authorized on May 2, 2023, 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. 23050424507

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 18th day of May, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau