9/8/23 10:45 AM Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DMichaelRE@gmail.com

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
David Michael Group, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

2023 SEP -8 PM 4:37

Electronic Filing Menu Corporate Filing Menu Help

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 David Michael Group, 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 Idaho
(State or country under the law of which foreign limited liability company is organized)

3 47-1030180
(FEI Number, if applicable)

4 _____
(Date first transacts business in Florida, if prior to registration)
(See sections 865.5964 & 865.0905, F.S. to determine penalty liability)

5 1200 South Pine Island Road
(Street Address of Principal Office)

Plantation, Florida 33324

6 1200 South Pine Island Road
(Mailing Address)

Plantation, Florida 33324

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation (City) Florida 33324 (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:	Title or Capacity:	Name and Address:
■Manager	Name: David M Baltz	☐Manager	Name:
☐Member	Address: 1200 South Pine Island Road	☐Member	Address:
☐Authorized Person	Plantation, Florida 33324	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐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 605.0207(1)(h), 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

David M Baltz

Typed or printed name of signee

STATE OF IDAHO

Phil McGrane | Secretary of State
Business Office
450 North 4th Street
PO Box 83720
Boise, ID 83720

August 22, 2023

Request Type	Certificate of Existence/Filing	Issuance Date:	08/22/2023
Request #:	0005369310	Copies Requested	0
Receipt #:	00086794 1		

Regarding:	DAVID MICHAEL GROUP, LLC		
Filing Type:	Limited Liability Company (D)	File # :	423001
Formation/Qualification Date:	06/04/2014		
Status:	Active-Existing	Formation Locale:	IDAHO
Duration Term:	Perpetual	Inactive Date.	

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

DAVID MICHAEL GROUP, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 025033523