

9/8/23 10:45 AM

Division of Corporations

M23000031549

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
Fax Number : (614)573-3996

****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

RECEIVED

2023 SEP -8 AM 11:25

FLORIDA DEPARTMENT 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

FILED

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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," "LLC," or "LLC")

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

2 Idaho 3 47-1030180
(Jurisdiction under the law of which foreign limited liability company is organized) (ID Number, if applicable)

4
(Date to commence transacting business in Florida, if prior to registration)
(See sections 605.0904 and 605.0905, F.S., to determine penalties/fees)

5 1200 South Pine Island Road 6 1200 South Pine Island Road
(Street Address of Principal Office) (Mailing Address)
Plantation, Florida 33324 Plantation, Florida 33324

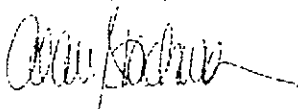
7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name Business Filings Incorporated
Office Address 1200 South Pine Island Road
Plantation 33324 Florida
(City) (Zip code)

2023 SEP -8 PM 4:37
BUSINESS FILINGS INCORPORATED

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)

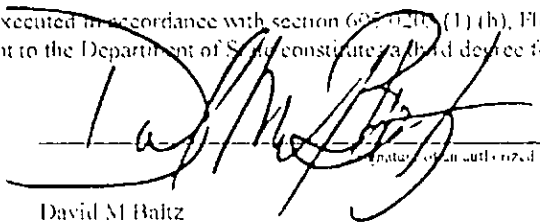
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>David M Baltz</u>	☐ Manager	Name: _____
☐ Member	Address: <u>1200 South Pine Island Road</u>	☐ Member	Address: _____
☐ Authorized	<u>Plantation, Florida 33324</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	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 607.021(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
 David M Baltz

 Typed or printed name of signer



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
Request #: 0005359310
Receipt #: 000867941

Issuance Date: 08/22/2023
Copies Requested: 0

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

File #: 423001
Formation Location: IDAHO
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.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane
Idaho Secretary of State

Processed By: Business Division

Verification #: 025033523