

M23000011855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 SEP - 1 PM 5:23

FILED

August 28, 2023

Region Code 2999

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref:- Application for Registration - Foreign LLC

Dear Sir/Madam:

We are filing the following documents on behalf of Berends Hendricks Stuit Insurance Agency,

The items checked below are enclosed.

- ☒ Foreign Registration Application
- ☒ Check # 11438 Amount \$130.00
- ☒ Certificate of Good Standing

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Kristie Washington

Kristie Washington

Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6164
Fax: 254.729.8069
Email: kwashington@ilsainc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Berends Hendricks Stuit Insurance Agency, 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:

Kristie Washington

Name of Person

Resource Pro, LLC

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip Code

dmowry@bhsins.com

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

For further information concerning this matter, please call:

Kristie Washington

254

729-6164

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. Berends Hendricks Stuit Insurance Agency, 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. MI
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 382555560
(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. 3055 44th Street SW
(Street Address of Principal Office)

6. PO Box 953
(Mailing Address)

Grandville, MI 49418

Grandville, MI 49468

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(City) (Zip code)

2023 SEP - 1 PM 5:23

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.

Marie Edwards
(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: Steven Olson

☒ Member Address: 3055 44th Street SW

☐ Authorized Grandville, MI 49418

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Spencer Olson

☒ Member Address: 3055 44th Street SW

☐ Authorized Grandville, MI 49418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Tim Koster

☒ Member Address: 3055 44th Street SW

☐ Authorized Grandville, MI 49418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Zackery Vandenberg

☒ Member Address: 3055 44th Street SW

☐ Authorized Grandville, MI 49418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kimberly Slager

☒ Member Address: 3055 44th Street SW

☐ Authorized Grandville, MI 49418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: James Ryskamp

☒ Member Address: 3055 44th Street SW

☐ Authorized Grandville, MI 49418

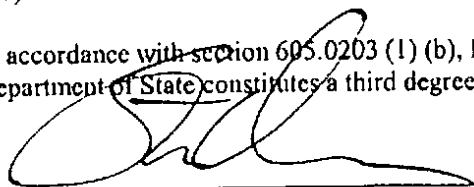
Person _____

☐ 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.

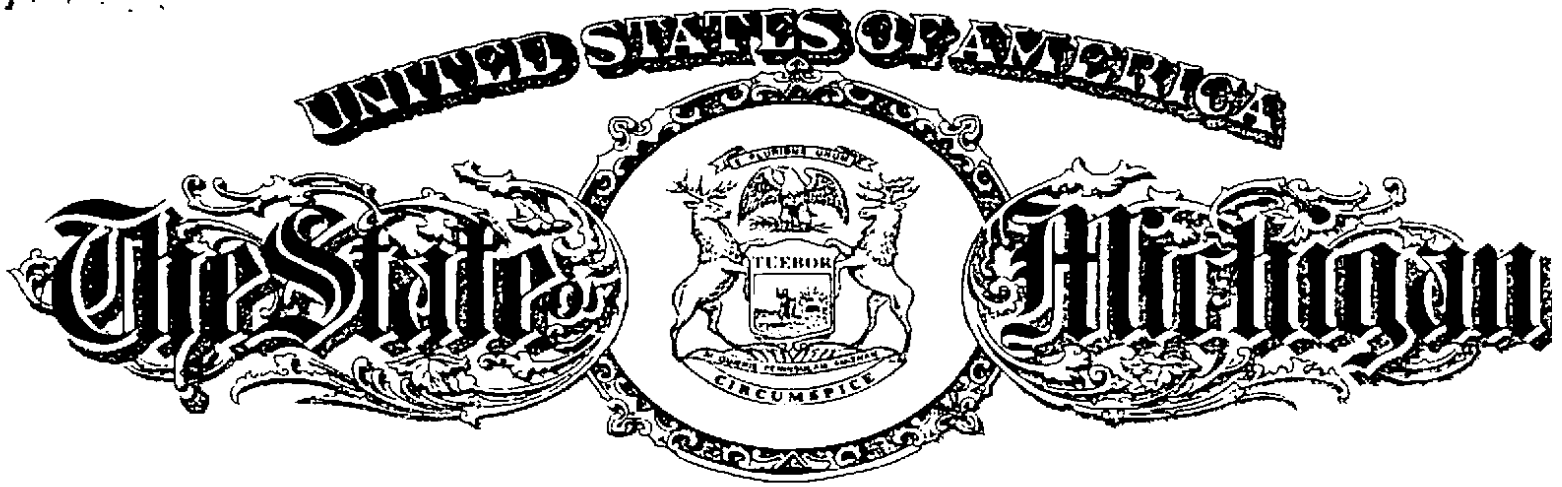
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

Steven Olson



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

BERENDS HENDRICKS STUIT INSURANCE AGENCY, LLC

*was validly authorized on August 31, 1984, 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 28th day of August, 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23080616804