

M23000011900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

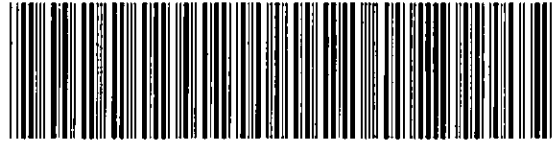
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 SEP - 1 PM 2:34

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MacKenzie Equipment Company, 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:

Keith A. Edgar, CPA

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

MacKenzie Equipment Company, LLC

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

4248 W. Saginaw Hwy

\_\_\_\_\_  
Address

Grand Ledge, MI 48837

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

kedgar@mackenzieco.com

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

For further information concerning this matter, please call:

Keith A Edgar, CPA

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

517 622-2108  
at (\_\_\_\_\_) \_\_\_\_\_  
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. MacKenzie Equipment Company, 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. State of Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2603620  
(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. 4248 W. Saginaw Hwy  
(Street Address of Principal Office)

6. 4248 W. Saginaw Hwy  
(Mailing Address)

Grand Ledge, MI 48837

Grand Ledge, MI 48837

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

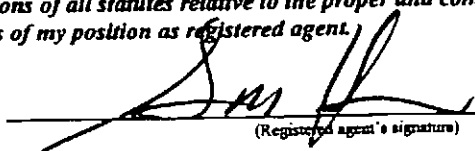
Name: Scott M Huber

Office Address: 6212 33rd Street East

Bradenton, Florida 34203  
(City) (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 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)

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CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI  
FLORIDA

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: Michael S. Marks

☒ Member                      Address: 4248 W. Saginaw Hwy

☐ Authorized                      Grand Ledge, MI 48837

Person

☐ Other                      ☐ Other

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

☐ Manager                      Name: Thomas E. MacKenzie

☒ Member                      Address: 4248 W. Saginaw Hwy

☐ Authorized                      Grand Ledge, MI 48837

Person

☐ Other                      ☐ Other

☐ Manager                      Name: Stephanie L. MacKenzie

☒ Member                      Address: 4248 W. Saginaw Hwy

☐ Authorized                      Grand Ledge, MI 48837

Person

☐ Other                      ☐ Other

☒ Manager                      Name: Erdmen T. MacKenzie

☐ Member                      Address: 4248 W. Saginaw Hwy

☐ Authorized                      Grand Ledge, MI 48837

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)

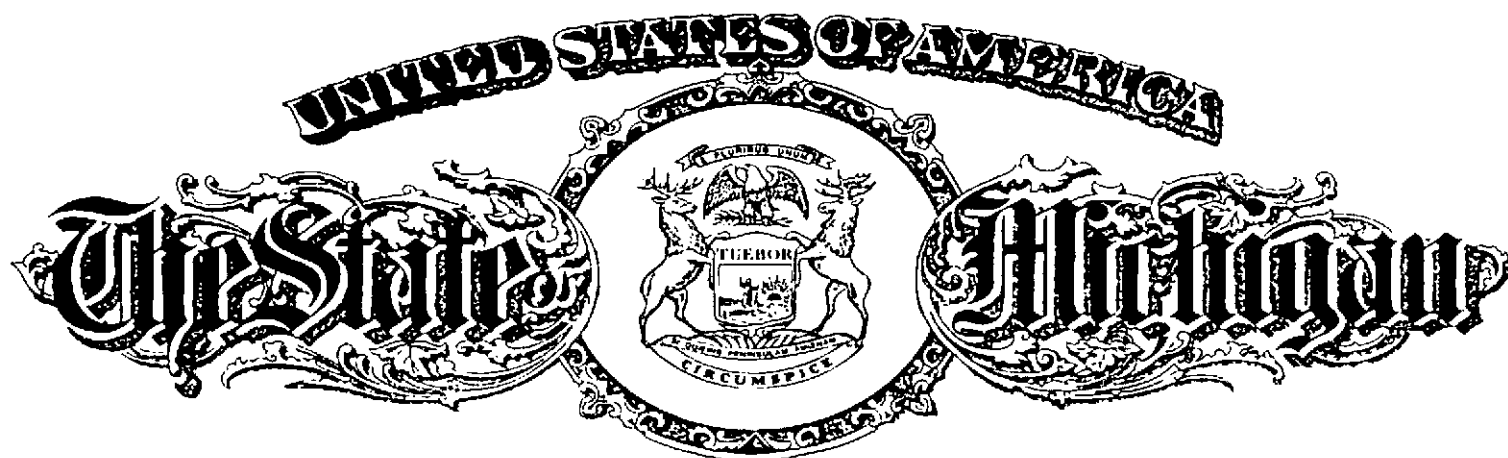
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Erdmen T. MacKenzie, Manager

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**MACKENZIE EQUIPMENT COMPANY, LLC**

*was validly authorized on December 19, 2007, 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: 23080654503

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 29th day of August, 2023.*

*Linda Clegg*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau