

M23000013029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

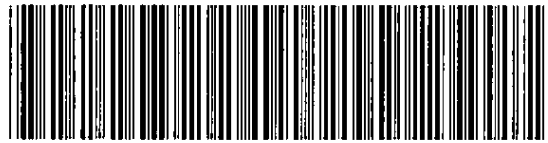
(Document Number)

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09/11/23--01008--017 \*\*55.00

2023 OCT 10 PM 3:57

5:13:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bailey & Shamoun LLC

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeff Bailey

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

Bailey & Shamoun Interiors, LLC

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

200 S Main St

\_\_\_\_\_  
Address

Northville, MI 48167

\_\_\_\_\_  
City/State and Zip code

kraymor@lmrcpas.com

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

For further information concerning this matter, please call:

Kathy Raymor

734

266.5120

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 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. Bailey + Shamoun 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. Michigan  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 62-0643841  
(FEI number, if applicable)

4. 9-5-23  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5380 N Ocean Dr Apt 12D 6. 200 S Main St  
(Street Address of Principal Office) (Mailing Address)

Riviera Beach, FL 33404

Northville MI 48167

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

Name: Jeff Bailey

Office Address: 5380 N Ocean Dr Apt 12D

Riviera Beach, Florida 33404  
(City) (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.

X Jeff Bailey  
(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: Kathryn Bailey

☐ Member

Address: 200 S main St

☐ Authorized

Northville, MI 48167

Person

☐ Other

☐ Other

☒ Manager

Name: Basma Misceovich

☐ Member

Address: 31144 Kingwood Blvd

☐ Authorized

Novi, MI 48377

Person

☐ Other

☐ Other

☒ Manager

Name: Jeff Bailey

☐ Member

Address: 200 S main St

☐ Authorized

Northville, MI 48167

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

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.

X Jeff Bailey  
Signature of an authorized person  
Jeff Bailey  
Typed or printed name of signee

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

***This is to Certify that the*** CERTIFICATE OF RESTORATION OF GOOD STANDING  
***for***

BAILEY & SHAMOUN INTERIORS, L.L.C.

***ID Number:*** 801214695

***received by electronic transmission on*** April 26, 2022 ***, is hereby endorsed.***

***Filed on*** May 12, 2022 ***, by the Administrator.***

***The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.***



***In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 12th day of May, 2022.***

*Linda Clegg*

Linda Clegg, Director