

M23000013887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W23000061330

Office Use Only



700406289127

000000000000 4135000

2023 OCT 27 PM 2:08

APPROVED  
AND  
FILED

OCT 31 2023  
K. Brumbløy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2023

DEBORAH KENNARD  
460 FOX HAVEN DR.  
UNIT 1104  
NAPLES, FL 34104

SUBJECT: DEBORAH KENNARD LLC  
Ref. Number: W23000061330

We have received your document for DEBORAH KENNARD LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 823A00009483

RECEIVED

OCT 27 2023

Florida Department of State  
Division of Corporations

To whom it may concern,

Enclosed please find information concerning our LLC to register to transact business in Florida. Included is a certificate dated October 13, 2023 from Michigan indicating the LLC registered in Michigan and in good standing.

Also enclosed for information only is your response to our earlier attempt to register, but failing to provide the certificate in good standing within the date parameters specified. We are aware that our response is not within the required 60 days. We had mail issues that prevented this compliance.

Enclosed also along with the application is a check for \$155.00.

Thank you.

A handwritten signature in black ink, appearing to be "A. J. [unclear]", written in a cursive style.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEBORAH KENNARD 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:

DEBORAH KENNARD  
Name of Person

PERSONAL TRANSFORMATION INSTITUTE  
Firm/Company

460 FOX HAVEN DR. # 1104  
Address

NAPLES, FL 34104  
City/State and Zip Code

deborah.kennard@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEB KENNARD at ( 734 ) 925-3622  
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. Deborah Kennard, 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. \_\_\_\_\_  
(FEI number, if applicable)

4. 01/01/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1205 Meadowbrook Ave  
(Street Address of Principal Office)

6. 460 FoxHaven unit 1104  
(Mailing Address)

Ann Arbor, MI  
48103

Naples, Florida 34104

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

Name: Deborah Kennard

Office Address: 460 Fox Haven Dr. Unit 1104  
Naples, Florida 34104  
(City) (Zip code)

2023 OCT 27 PM 2:08  
APPROVED AND FILED

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.

[Signature]  
(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>
<input type="checkbox"/> Manager	Name: <u>DEBORAH KENNARD</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>460 FOXHAVEN DR #1104</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>NAPLES, FL 34104</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input checked="" type="checkbox"/> Manager	Name: <u>STANLEY KENNARD</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>460 FOXHAVEN DR #1104</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>NAPLES, FL 34104</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

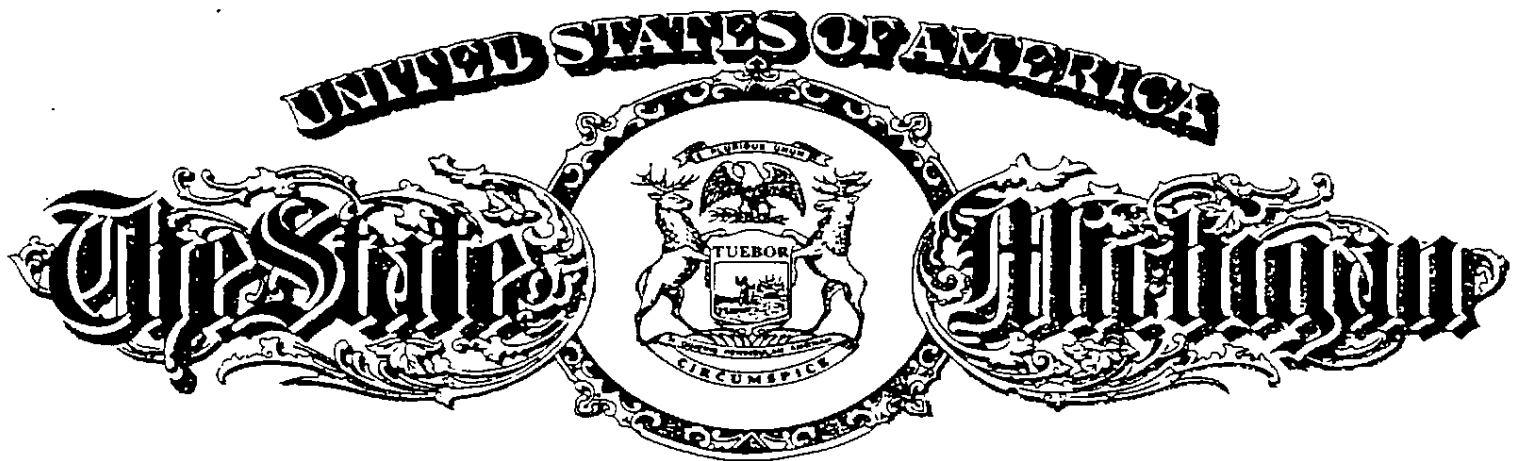
<input checked="" type="checkbox"/> Manager	Name: <u>SPENCER KENNARD</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>24 LEXINGTON GREEN</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>NASHVILLE, TN 37215</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 authorized person  
Deborah S. Kennard  
 \_\_\_\_\_  
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**DEBORAH KENNARD, LLC**

*was validly authorized on March 2, 2011, 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 13th day of October, 2023.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau