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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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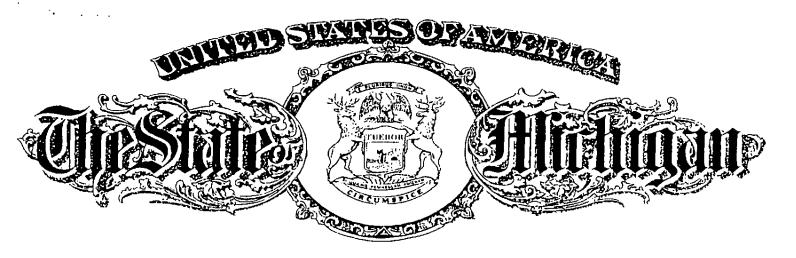
## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Marco I Stand Time 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:
Scott + Rosanne Wilkinson Name of Person
Marco Island Time Lic Firm/Company
5808 Herrington Ct Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{align*} \Pilon \text{\$125.00 Filing Fee} \text{\$130.00 Filing Fee & \$\Beta \text{\$155.00 Filing Fee & \$\Beta \text{\$160.00 Filing Fee, Certificate} \text{\$160.00 Filing Fee} \$160.00 Fi

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1 M	ON CO ISL	and Time	- uc			
(Nume of Foreign Liv	nited Liability Company; mu	st include "Limited Limbilit	y Company," "L.L.C.," or	"L.T.C.")		
If name unavoitable, enter alternate nam	o adopted for the purpose of trans	sacting business in Florids, The	alternate name musi include	Linded Liability Co	HEPOTIY." "L.L.C," or "L	LC.")
2. Mich	yan	3.	93-	HO 8-55	35	
(lurisdiction under the law of which	i forcign limited liability company	y is organized)		(FEI number, if appl	icuble)	
1						
·	(Date first transacted business i (See sections 605.0904 & 605.0	n Florida, if prior to registration 0905, F.S. to determine penalty	i.) liability)	<del></del>		
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Street Address of Principal Office)	run wood Cd	6.	(Mailing Address)	Herring	ran LF	
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. Name and street address o	f Florida registered age	nt: (P.O. Box <u>NOT</u> a	cceptable)			• 3 5
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: Name:	Jason	Brington			SS > →	1
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egistered agent's acceptant	·	•	<b>,</b> —,	,,		
aving been named as regist	ered agent and to accep	ot service of process fo	or the above stated li	mited liability	company at the p	lace
zignatea in this application comply with the provisions	, I hereby accept the ap of all statutes relative t	ppointment as register to the proper and com	ed acent and acree t	to act in this co	inacity I fuether	* ****
id accept the obligations of	my position as register	ed agent.		······································	· · · · · · <b>, - · · · · ·</b> ·	
	J.F.	5/-/		· • · • .	on the constant of the state.	
<u> </u>	·	Registered upont a 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: Title or Capacity: Name and Address: Name and Address: Name: Rosanne Wilkinson Manager □Manager Address: 5808 Herrington ct □Member Address: ☐Member Washington MI 480 □Authorized Authorized Person Person Other\_\_\_\_ ☐ Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_\_ Name: Scott Wilkinson □Manager □Member Address: ☐Member □Authorized ☐ Authorized Person Person Other\_\_\_\_\_ Other\_\_\_\_ Other \_\_\_\_ Other Name: \_\_\_\_\_ □Manager ☐Manager Address: ☐Member □Member ☐ 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. Nonindexed 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



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MARCO ISLAND TIME LLC

was validly authorized on June 16, 2023, 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: 23110368202

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of November, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau