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COVER LETTER

TO:		ation Section n of Corporations			
SHRIF		eran Savings Network, LLC			
30001	<u> </u>	1	Name of Limited Liability Cor	mpany	
The en Exister	closed "A nce, and cl	pplication by Foreign Limited Liabi heck are submitted to register the ab	lity Company for Authorization ove referenced foreign limited	on to Transact Business in Florida," Certificate of I liability company to transact business in Florida	
Please	return all	correspondence concerning this mat	tter to the following:		
		Adam Howard			
			Name of Person		
	Veteran Savings Network, LLC				
	Firm/Company				
		3937 Williams rd.			
	Columbiaville, MI 48421				
		adam@veteransavingsnetwork.com	I		
		E-mail address: (to be used for future annual re	eport notification)	
For fu	rther infor	mation concerning this matter, pleas	se call:		
	Adam 1	Howard	248 at ()	459-7038	
		Name of Contact Person	Area Code	Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Second Division of Coron The Centre of The Coron Coro	porations	
		3ox 6327 nassee, FL 32314		e Street, Suite 810	
	Please	ed is a check for the following amounake check payable to: FLORIDA 5.00 Filing Fee	DEPARTMENT OF STAT	ig Fee & 🙎 \$160.00 Filing Fee, Certificate	

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

COMPANYTO TRANSACT BU	HON 605.0902, FLORIDA STATUTES THE FO SINESS INTHE STATE OF FLORIDA: M. SAULING S NETUS Limited Liability Company; must include "Limited				
	ame adopted for the purpose of transacting business in Flo	rida. The a	lternate name must include "Limited Lia	ability Company," "L.L.C," or "LLC,")	
Michigan 2.	hich foreign limited liability company is organized)	3. 93-4674859 (FII number, if applicable)			
4	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determin	egistration te penalty l) ability)		
3937 Williams rd.		6.	3937 Williams rd.		
(Street Address of Principal Office)			(Mailing Address)	SECRE TALL	
Columbiaville, MI 4842	l	(Columbiaville, MI 48421	8 17	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u> NOТ</u> а	eceptable)	# 9: 05 M 9: 05	
Name:	Northwest Registered Agent LLC				
Office Address:	7901 4th St N STE 300	<u> </u>			
	St. Petersburg		. Florida 33702		
	(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.

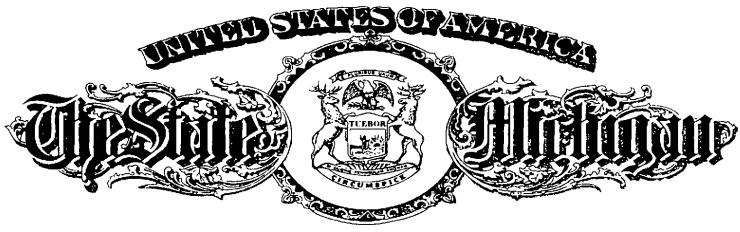
او سید

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:	□Manager	Glenn Howard Name:
Member	Address: 3937 Williams rd.	Member	Address:
□Authorized		□Authorized	
Person	Columbiaville, MI 48421	Person	Lenox, MI 48048
Other	Other	□Other	Other
□Manager	Jonathan Regel Name:	□Manager	Name:
Member	Address: 115 Northwoods Circle	□Member	Address:
□Authorized		□Authorized	
Person	Wisconsin Dells, WI 53965	Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

- 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.

Adam	Hound	
	Signature of an authorized person	
Adam Howard		
	Typed or printed name of signee	



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

VETERAN SAVINGS NETWORK, LLC

was validly authorized on December 4, 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.

COPPORT

TO THE A COMMERCIAL LAND REGULATORY

TO

Sent by electronic transmission

Certificate Number: 24010276010

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of January, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau