# M24000003417

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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WZ3000074115				
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Office Use Only



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May 23, 2023

GREGORY T. RIVERS 39737 PHILLIPS DRIVE NORTHVILLIE, MI 48167 US

SUBJECT: 6236 MIDNIGHT PASS 6238A, LLC

Ref. Number: W23000074115

We have received your document for 6236 MIDNIGHT PASS 6238A, LLC and your check(s) totaling \$130.00. 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) 245-6051.

Andrea Andrews Regulatory Specialist II

RECEIVED

Letter Number: 323A00011844

MAR 12 2024

### COVER LETTER

10 15 Sec. 15

6	236 Midnight Pass 6238A, LLC, a Michig	an limited liability company	
UBJECT: _	_	e of Limited Liability Company	
he enclosed " xistence, and	Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.	
ease return a	Il correspondence concerning this matter to	o the following:	
	Gregory T. Rivers		
		Name of Person	
	6236 Midnight Pass 6238A, LLC		
		Firm/Company	
	39737 Phillips Drive		
		Address	
	Northville, MI 48167		
	Ci	ity/State and Zip Code	
	Greg.Rivers@newparadigmpromo.com		
	E-mail address: (to be	used for future annual report notification)	
r further info	ormation concerning this matter, please cal	<b>l</b> :	
Grego	ory T. Rivers	313 475-4198	
	Name of Contact Person	at () 475-4198  Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
_	stration Section	Registration Section	
	sion of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	sed is a check for the following amount:		
	make check payable to: FLORIDA DEP		
□ \$1.	25.00 Filing Fee S130.00 Filing Fee Certificate o		

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREKIN, LIMITED HABILITY COMPANYTOTRANSACTBUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	tida. The alternate frame must include "Limited Enability Co	ompany," "L.L.C." or "L.L	
Michigan		92-3691207 3		
(Jurisdiction under the law of which foreign limited liability company is organized		(FEI number, if applicable)		
N/A				
	(Date first transacted business in Florida, if prior to n (See sections 605 0904 & 605,0905, F.S. to determin	egistration ) ee penalty liability)		
6236 Midnight Pass R		6. (Mailing Address)		
Sarasota, FL 34242		Northville, MI 48167		
			<del></del>	
Name and street addre	ss of Florida registered agent: (P.O. Box iTrip Sarasota, Attn: Loretta Luhman		2023 HAR 12	
Name:	iTrip Sarasota, Attn: Loretta Luhman		. 12	

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.

loretta luhman Inreita luhma I IMAV 7, 2023 12:24 EDT)	
(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: Gregory T. Rivers □Manager □Manager Name: Address: \_\_\_\_ ■ Member □ Member Address: Northville, MI 48167 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other □Other\_\_\_ □Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager □Member Address: \_\_\_\_ Address: \_\_\_\_\_ □Member □ Authorized □ Authorized Person Person Other\_\_ □Other\_\_\_\_ □Other\_ □Other □Manager □Manager Name: Address: \_\_\_\_\_ □Member □Member Address: ☐ Authorized □ Authorized Person Person

. 1 .

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.

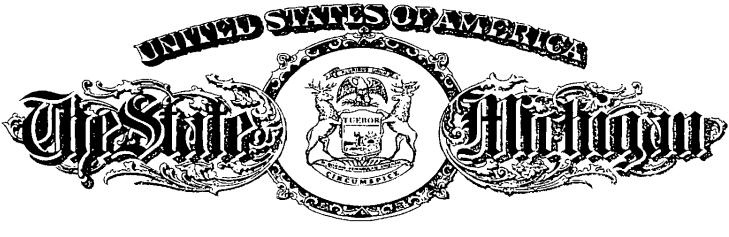
☐Other\_\_\_\_\_

□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.

Gregory T Rivers Gregory 1 Rivers (May 5, 2023 19 21 EDT)		
	Signature of an authorized person	
Gregory T Rivers		
	Typed or printed name of signee	



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That 6236 MIDNIGHT PASS 6238A, LLC

was validly authorized on April 25, 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.

Commercial Life & Commercial Life

Sent by electronic transmission

Certificate Number: 24020630906

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of February, 2024.