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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

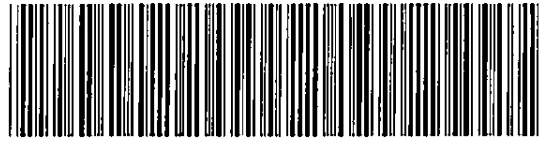
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07/29/24--0111-1-1 44,000,000

2021年12月21日

July 23, 2024

To whom it may concern:

Enclosed you will find an application to register a foreign LLC in Florida along with a check for \$125.00.

Please let me know if I filled anything out incorrectly or if you have any questions.

Thank you,

A handwritten signature in black ink that reads "David Albrecht". The signature is written in a cursive style with a stylized "D" and "A".

David Albrecht

989.545.2516

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Albrecht Vacation Homes, 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:

David Albrecht

Name of Person

Albrecht Vacation Homes, LLC

Firm/Company

5795 S. Vassar Rd.

Address

Vassar, MI 48768

City/State and Zip Code

dave@bidnow.us

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

For further information concerning this matter, please call:

David Albrecht

989

545-2516

at (_____) _____

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. Albrecht Vacation Homes, 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 3. 99-2842701
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5795 S. Vassar Rd. 6. 5795 S. Vassar Rd.
(Street Address of Principal Office) (Mailing Address)
Vassar, MI 48768 Vassar, MI 48768

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

Name: David Albrecht
Office Address: 2534 Arlington St.
Sarasota, Florida 34239
(City) (Zip code)

2024 AUG 30 PM 2:17

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.

David Albrecht
(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:**

☐ Manager Name: David Albrecht

☒ Member Address: 5795 S. Vassar Rd.

☐ Authorized Vassar, MI 48768

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Nicole Albrecht

☒ Member Address: 5795 S. Vassar Rd.

☐ Authorized Vassar, MI 48768

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

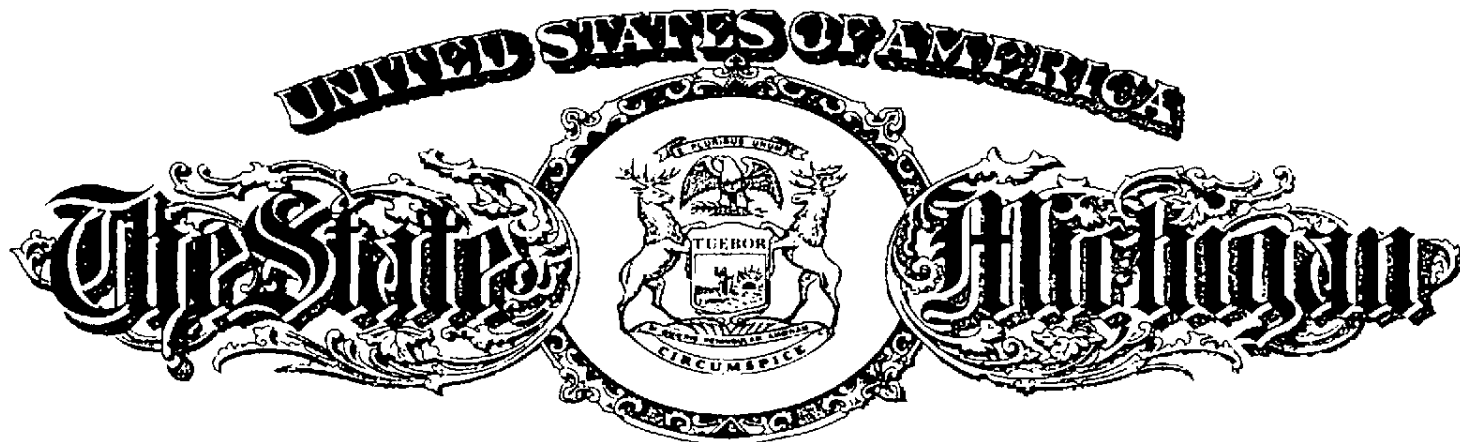
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

David Albrecht
Signature of an authorized person

David Albrecht
Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ALBRECHT VACATION HOMES, LLC

*was validly authorized on May 2, 2024, 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: 24080464307

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 21st day of August, 2024.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau