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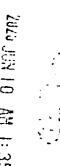
(Re	questor's Name)	
		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

... 63

	4 Tulip Tree Court, LLC	
LI:	Nam	e of Limited Liability Company
losed "A e, and cl	pplication by Foreign Limited Liability neck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in
eturn all	correspondence concerning this matter t	to the following:
	David R. de Reyna	
		Name of Person
	Kotz Sangster Wysocki P.C.	
		Firm/Company
	36700 Woodward Ave., Suite 202	
		Address
	Bloomfield Hills, MI 48304	
		City/State and Zip Code
	sthieme@kotzsangster.com	
-	E-mail address: (to b	e used for future annual report notification)
ner infor	mation concerning this matter, please ca	ıll:
David I	R. de Reyna	313 259-8596
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	d is a check for the following amount:	

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. 124 Tulip Tree Court, I	rrc					_
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company," "L.E.C.," or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liability Co	unipany," "L	.I, C," or	: "LLC ")
Michigan 2		3				
(Jurisdiction under the law of which foreign limited liability company is organized)		J.	(FEI number, if app	(FEI number, if applicable)		
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration	1)			
	(See sections 605 0904 & 605 0905; F.S. to determi	ine penalty				
33716 Jefferson Ave. 5.		6.	36700 Woodward Ave., Suite 202			
5. (Street Address of Principal Office)		0.	(Mailing Address)	-		_
St. Clair Shores, MI 48082			Bloomfield Hills, MI 48304			
						_
	<u> </u>					_
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	acceptable)		20	
					ر: ر	
Name:	Mourice Faddoul				01 NAF 1702	: 1
name:					0	
Office Address:	250 Beach Road, Unit 403				ÁM	
	Tequesta		33469		T. ယ	المراز:
	(City)		, Florida		\tilde{S}	
	1 W-12 (p/			

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.

(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:
■Manager	Name: Mourice Faddoul	□Manager	Name: David R. de Reyna
■Member	Address:	□Member	Address: 36700 Woodward Ave., Ste 202
□Authorized	St. Clair Shores, M1 48082	Authorized	Bloomfield Hills, M1 48304
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

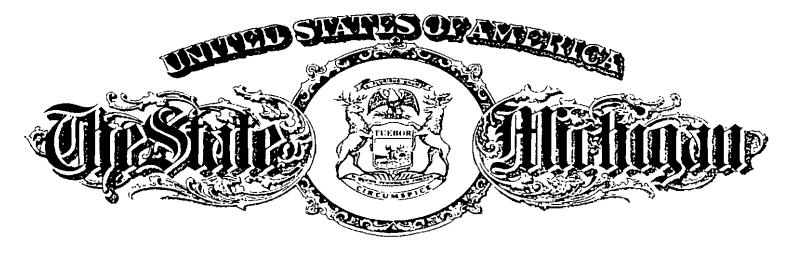
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 an authorized person

Mourice Faddoul

Typed or printed name of signee



Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That

124 TULIP TREE COURT, LLC

was validly authorized on June 2, 2025, 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: 25060084908

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of June, 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau