

| | CHIGAN DEPARTMENT OF ORPORATIONS, SECURITII | | | | | | |
|-----------------------------|--|---|-----------------------------------|--|--|--|--|
| Date Received | | (FOR BUREAU USE ONLY) | | | | | |
| | This document is effective on the subsequent effective date within date is stated in the document. | | <u></u> | | | | |
| Name | | | | | | | |
| Address | | | | | | | |
| City | State | ZIP Code | EXPIRATION DATE: DECEMBER 31, | | | | |
| Document will lf left blank | be returned to the name and address yo, document will be returned to the registe | ou enter above. Sered office. | - | | | | |
| Pursuant to the provi | (Please read informa | oreign Profit Cor ation and instructions | porations | | | | |
| 1. The name of the | foreign profit corporation is: | | | | | | |
| 2. The mailing addr | ress of the corporation is: | | | | | | |
| | | | | | | | |
| 3. The jurisdiction of | of its incorporation is: | | | | | | |
| The date it was i | ncorporated in that jurisdiction is: | | | | | | |
| 4. The corporation | is currently carrying on or doing bus | siness. The business | the corporation is engaged in is: | | | | |
| | Signed thisday o | of | , | | | | |
| | | | | | | | |

(Type or Print Name)

| 000L/0D 343 (Nev. 03/21) | |
|-----------------------------|---|
| Preparer's Name | |
| r repairer e riame | |
| Business Telephone Number (|) |

CSCI /CD-5/5 (Pay 00/21)

INFORMATION AND INSTRUCTIONS

- 1. Application for the Registration of a Corporate Name cannot be filed until this form, or a comparable document, is submitted.
- 2. Submit one original of this document. Upon filing, the document will be added to the records of the Corporations, Securities & Commercial Licensing Bureau. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. This application is to be used pursuant to section 1056 of Act 284, P.A. of 1972, by a foreign profit corporation that desires to register its corporate name in this State. This Application can only be granted to those foreign profit corporations that are not authorized to transact business in this State and are not required to be authorized to transact business in this State.

If granted, the registration is effective until the close of the calendar year in which the application for registration was filed, unless filed after September 30, in which case the registration shall expire at the end of the following calendar year. The corporation shall be notified of the impending expiration no later than ninety days before its expiration. The registration may be renewed by filing an application for renewal between October 1 and December 31 in the year in which the registration expires. Such a filing shall extend the registration for the following calendar year.

- 4. This Application must be accompanied by a certificate dated no earlier than thirty days before the filing of the Application which states that the corporation is in good standing under the laws of the jurisdiction of its incorporation. That certificate must be executed by the official of the jurisdiction who has custody of the records pertaining to the corporation.
- 5. This Application must be signed by an authorized officer or agent of the corporation.

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau Corporations Division P.O. Box 30054 Lansing, MI 48909 To submit in person:

2407 N Grand River Ave Lansing, MI 48906 Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA, MasterCard, American Express, or Discover when delivered in person to our office.

Documents that are endorsed filed are available at www.michigan.gov/corpentitysearch. If the submitted document is not fileable, the notice of refusal to file, and document will be available at the Rejected Filings Search website at www.michigan.gov/corprejectedsearch.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

CSCL/CD-272 (01/21)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION P.O. BOX 30054

LANSING, MI 48909-7554 (517) 241-6470

OPTIONAL

EXPEDITED SERVICE REQUEST

| Instructions: If you choose to use expedited services which expedited service is being requeste | | ice Request form for each document sub | mitted o | online, in person, or by mail | for | | | | | |
|---|---|---|---------------|--------------------------------|------|--|--|--|--|--|
| Expedited fees are in addition to the sta | andard document fees and due wi | nen document is submitted. Expedited | fees ar | e not refundable. | | | | | | |
| COFS (Corporations Online Filing System Expedited service can be requested when Fees for documents submitted online may | submitting a document online. You | can access the online forms at www.mich | າigan.gc | ov/corpfileonline. | | | | | | |
| Documents that are endorsed filed are availand document will be available at the Reje | | | ot fileab | le, the notice of refusal to f | file | | | | | |
| Documents submitted by mail are delivere | ed to a remote location for receipts pr | rocessing and are then forwarded to the 0 | Corpora | tions Division for review. | | | | | | |
| Day of receipt for mailed expedited serv | | | | | | | | | | |
| Please initial the appropriate box for the level of service requested | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 Hour 2 Hour | Same Day 24 Hour | | | | | | | | |
| Submitters Information: | | | | | | | | | | |
| Company Name (if applicable) | | | | | | | | | | |
| | | | | | | | | | | |
| Telephone | Person submitting this request | Person submitting this request | | | | | | | | |
| () | | | | | | | | | | |
| Document Information: | | | | | | | | | | |
| Name of Corporation, LLC or Limited Partr | nership | | | ID Number (existing entity | y) | | | | | |
| | | | | | | | | | | |
| Type of document (articles, amendment, e | etc) | | | | | | | | | |
| Type of document (artifices, arriendment, e | 10.7 | | | | | | | | | |
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| Expedited Service Level | Fees | Type of Document | Dea | adline for receipt of docu | ment | | | | | |
| 1 Hour, same day | \$1,000.00 | Any | | 4:00 PM EST or EDT | | | | | | |
| 2 Hour, same day | \$500.00 | Any | $\overline{}$ | 3:00 PM EST or EDT | | | | | | |
| 2 Hour, Same day | \$300.00 | Ally | | 3.00 FW E31 01 ED1 | | | | | | |
| Same day | \$100.00 | Formation/qualification | T | 1:00 PM EST or EDT | | | | | | |
| | \$200.00 | For Any Existing Entity | 1 | 1:00 PM EST or EDT | | | | | | |
| | ¥ 200.00 | . O. 7 my Extending Extens | | | | | | | | |
| 24 Hours | \$50.00 | Formation/qualification | \top | | | | | | | |
| | \$100.00 | For Any Existing Entity | | | | | | | | |
| | BUREAL | J USE ONLY | | | | | | | | |
| Agency Account Amount | | Date/Time Received | Тъ | eceipt Num: | | | | | | |
| Agency Account | Amount | Date/Time Neceived | - 1 | eceipt Num. | | | | | | |
| Profit Corporation (6813) | | | | | | | | | | |
| Limited Liability Company (6814) | | | 一厂 | a a als Nums | | | | | | |
| Nonprofit Corporation (6815) | | | neck Num: | | | | | | | |
| Limited Partnership (6816) | | | \dashv | | | | | | | |
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