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

	stration Sectionion of Corpor				
		uilding Solutions, Ir	ic.		
SUBJECT:		Name of e	orporation -	must include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence,"	by Foreign Corpor or "Certificate of C orporation to transa	Tood Standi	uthorization to Transact ling" and check are submitting for the followida.	Business in Florida," tted to register the
Please return	all correspond	lence concerning t	his matter t	o the following:	
Kelly Pahlkot	ıer				_
	-		Name of Po	erson	
Benchmark B	uilding Solution	is. Inc.			
	_ _		Firm/Comp	any	
3595 S Baldw	in Rd, Suite 21	9			
			Addres	8	
Lake Orion, N	11 48359				
		C	ity/State and	d Zip code	
kelly@builtw	ithbenchmark.c		•		
		E-mail address: (to	be used fo	r future annual report not	itication)
For further in	iformation cor	ncerning this matte	r. please ca	n:	
Kelly Pahlkot	ter	at (989	423-8264	
Nan	ne of Person		Area Code	Daytime Telepho	ne Number
Regi Divi The 2415	stration Section sion of Corpor Centre of Tall	rations ahassee treet, Suite 810		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make c \$70.00 Fi	heck payable to	following amounts: FLORIDA DEPA \$78.75 Filing F Certificate of S	RTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of co"Inc.," "Co.," "Co	orporation: must include "INCORPORATED." "orp.," "Inc.," "Co." or "Corp.")	COMPANY," "CORPORATION	,"
	ding Solutions Inc of Michigan		
(If name unavaila	ble in Florida, enter alternate corporate name ado	opted for the purpose of transacting	business in Florida)
Michigan 2		-1817451	
(State or countr	under the law of which it is incorporated)	(FEI number, if applicable)	
02/27/2024	5.		
(1)ate	02/27/2024 5. (Date of incorporation) (Date of e		ian perpetual)
4			
··	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liabilit	у)
8350 Pine Knob F	Rd, Clarkston, MI 48348		ى
·	(Principal office	street address)	124
3595 S. Baldwin	Rd, Suite 219, Lake Orion, MI 48359		TALL A
	(Current mailing a	iddress, if different)	16
	n address of Florida registered agent: (P.O. 1	30x NOT acceptable)	16 PH 4: 56
R. Name and street			
			957 m
8. Name and <u>street</u> Name:	InCorp Services, Inc.	_	56
Name:			56
	InCorp Services, Inc.		56 56

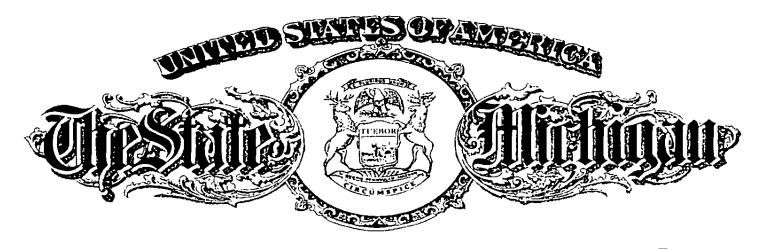
9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			D. of such		
□Chairman	Brett Lynch Same:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
Director	Clarkston, MI 48348	□ Director	Birch Run, MI 48359		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□ Secretary	☐ Treasurer		
Other CEO	[2Other	COther	Partner Other		
□Chairman	Name:	□ Chainnan	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□ Director			
□President		□President	THE DEC		
□Vice President		□Vice President	- FE F		
☐ Secretary	☐Treasurer	□ Secretary	Treasurer.		
□Other	Other	[Other	• •		
□Chairman	Name:	⊡Chairman	Name:		
⊟Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□ Director			
□President		□President			
□Vice President		□ Vice President			
□ Secretary	☐ Treasurer	☐ Secretary	[] Treasurer		
□Other	Other	Other	Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when tiling your Florida Department	chment will be image int of State Annual R	ed for reporting purposes only. Non-indexed eport form.		
12.	But for	e Officer			
The officer or director signing this document (and who is listed in number 14 above) affirms that the facts stated herein are true and that he or she is aware that 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. Postt Lyngh					



Department of Licensing and Regulatory Affairs

This is to Certify That

BENCHMARK BUILDING SOLUTIONS INC

was validly incorporated on February 27, 2024 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

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: 24120173107

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 5th day of December, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau