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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Basiness Elini, Harrie)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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COVER LETTER

TO:	Properties Registration Section Division of Corporations							
SUBJ	ECT:	ROWE PROFESSIONA	L SERVICE	S COMPANY				
		Name o	f corporation	- must include suffix				
Dear S	ir or Ma	dam:						
Cenn	icate of.	Application by Foreign Cor Existence," or "Certificate of ed foreign corporation to tra	of Good Star	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.				
Please	return al	l correspondence concernir		to the following:				
		A	Lewis					
			Name of	Person				
		Hart	oor Complian	ce				
			Firm/Con	• •				
		1830 C	Colonial Villa	ge Ln				
			Addre					
			Lancaster, PA	. 17601				
			City/State a	nd Zip code				
		corpor	ate@harboro	ompliance.com				
		E-mail address:	(to be used f	or future annual report notification)				
For furt	ther info	rmation concerning this ma	tter, please c	all:				
A L	ewis	a	717 .t (844-9953				
	Name o	of Person	Area Code	Daytime Telephone Number				
	Registra Division The Cer 2415 N.	T/COURIER ADDRESS: ation Section of Corporations atre of Tallahassee Monroe Street, Suite 810 (see, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please m	d is a cheake check	eck for the following amou k payable to: FLORIDA DEF Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & Certified Copy 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.

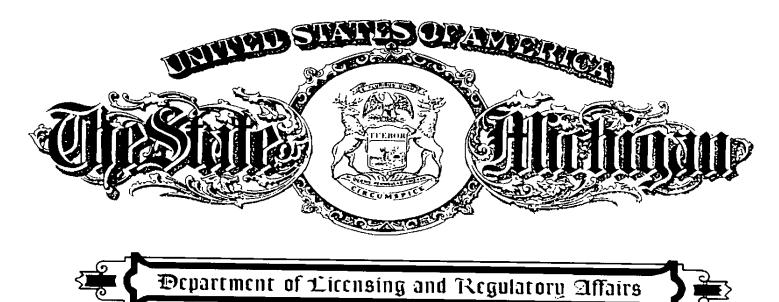
[If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florid	<u></u>		
Minhima		-n -n			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
01/04/10/	Δ.	(Date of duration, if other than perpetual)			
(Date	of incorporation)				
540 S Sagin	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 aw Street Suite 200 Flint, MI 48502	orida, if prior to registration) F.S., to determine penalty liability)			
	(Principal office	street address)			
	(Curant multi-	Id is nec			
Name and stree	(Current mailing act address of Florida registered agent: (P.O. B	ox NOT acceptable)			
Name:	et address of Florida registered agent: (P.O. B	, 			
Name:	Registered Agents Inc 7901 4th St N STE 300	ox NOT acceptable) - AN 3	į		
Name:	Registered Agents Inc 7901 4th St N STE 300	ox NOT acceptable) - AN 3			
Name: fice Address: Registered ago wing been nam signated in this rther agree to co	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment.	ox NOT acceptable) A STAN 3 PH 2: (Zip code) If process for the above stated corporation at the as registered agent and agree to act in this callive to the proper and complete performance of the proper and complete performance at the proper at t	f C the pi		
Name: ffice Address: Registered agenving been names ignated in this orther agree to contact the second se	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment of the provisions of all statutes relations.	ox NOT acceptable) A STAN 3 PH 2: (Zip code) If process for the above stated corporation at the as registered agent and agree to act in this callive to the proper and complete performance of the proper and complete performance at the proper at t	he pi		

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□Chairman	Name:Leanne Panduren	Chairman	Name:	Jeremy Lynn
□Vice Chairman	Address: 540 S Saginaw Street Suite 200	☐ Vice Chairman		540 S Saginaw Street Suite 200
□Director	Flint, MI 48502	□Director		Flint, MI 48502
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	DOther Assistant	Secretary	□Other
□ Chairman	Jonathan Rick	□Chairman	Name:	Lori Mudge
☐ Vice Chairman	Address: 540 S Saginaw Street Suite 200	□Vice Chairman		540 S Saginaw Street Suite 200
□Director	Flint, M1 48502	□Director		Flint, MI 48502
□President		□President		
Vice President		□Vice President		-
☐ Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	DOther Assistant S	Secretary	□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 540 S Saginaw Street Suite 200	□Vice Chairman		
□Director	Flint, MI 48502	□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□Secretary		□Treasurer
ZOther Assistant	Secretary Other	□Other	<u></u>	Other
<u>Important Notice:</u> U individuals may be a	se an attachment to report more than six (6). The attaudded to the index when filing your Florida Department	chment will be imaged int of State Annual Rep	for reporting ort form.	g purposes only. Non-indexed
12. <u>/a</u>	/Leanne Panduren			
The officer or direct she is aware that fals s.817.155, F.S.	Signature of Director of or signing this document (and who is listed in numbers information submitted in a document to the Depart.	r 11 above) affirms tha	t the facts sta	ated herein are true and that he or true felony as provided for in
13	Leanne Panduren, Presid	ent		
	(Typed or printed name and capacity of person	on signing application)		



Lansing, Michigan

This is to Certify That

ROWE PROFESSIONAL SERVICES COMPANY

was validly incorporated on January 4 , 1968 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: 25010410001

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of January, 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.