

F16000004766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

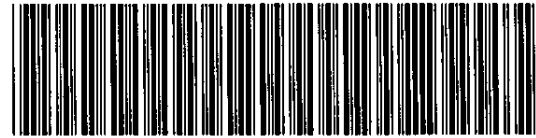
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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OCT 25 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOFLO PIZZA CO

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LINDA DANCER

Name of Person

SOFLO PIZZA CO

Firm/Company

4637 S UNIVERSITY DR SUITE 24

Address

DAVIE FL 33328

City/State and Zip code

WEBERFINANCIAL@AOL.COM

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

For further information concerning this matter, please call:

STEVE WEBER

248

762-6680

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

SOFLO PIZZA CO

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MI 3. 47-5445419
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-16-15 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

UNDER CONSTRUCTION

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4637 S UNIVERSITY DR DAVIE FL 33328
(Principal office address)

(Current mailing address, if different)

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

Name: LINDA DANCER


Office Address: 4637 S UNIVERSITYDR

DAVIE, Florida 33328
(City) (Zip code)

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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.



(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: LINDA DANCER
Address: 4637 S UNIVERSITY
DAVIE FL 33328

Vice Chairman: _____
Address: _____

Director: CHRISTOPHER NADER
Address: 4637 S UNIVERSITY
DAVIE FL 33328

Director: _____
Address: _____

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B. OFFICERS

President: LINDA DANCER
Address: 4637 S UNIVERSITY DR
DAVIE FL 33328

Vice President: _____
Address: _____

Secretary: CHRISTOPHER NADER
Address: 4637 S UNIVERSITY DAVIE FL 33328

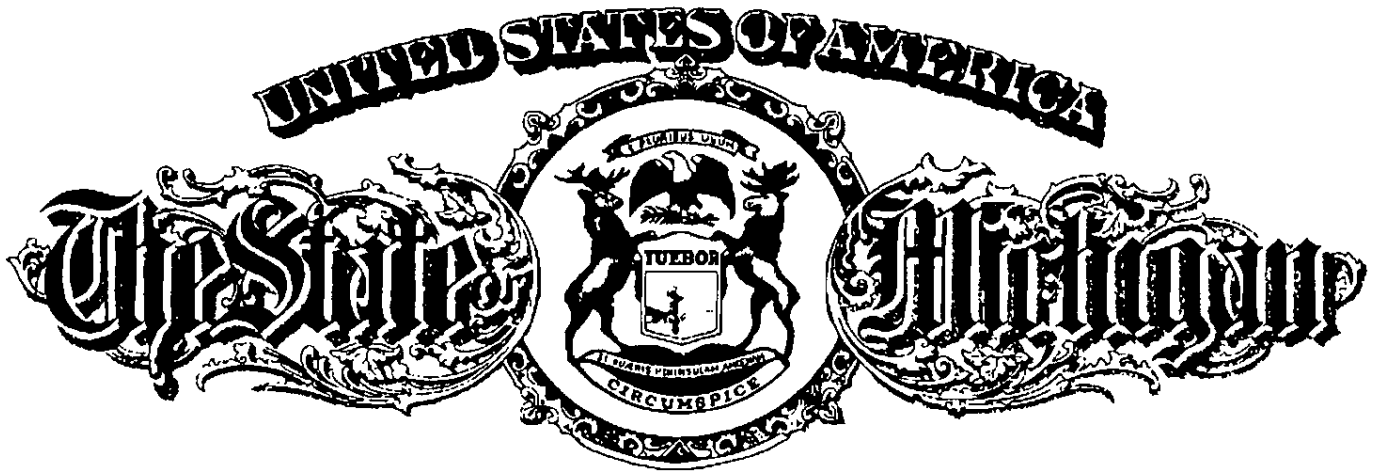
Treasurer: CHRISTOPHER NADER
Address: 4637 S UNIVERSITY DAVIE FL 33328

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. LINDA DANCER President
(Typed or printed name and capacity of person signing application)



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SOFLO PIZZA CO

was validly incorporated on October 26, 2015, as a Michigan 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, as amended, 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of October, 2016.

Julia Dale, Director
Corporations, Securities & Commercial Licensing Bureau