

11/22/2022 10:05 AM

Division of Corporations

F22000007176

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H220003974403))



H220003974403ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

2022 NOV 22 AM 10:37

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
M. JACOB & SONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2022 11 22 10:37

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

NOV 22 2022

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.

1. M. Jacob & Sons, Inc.

(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. Michigan _____ 3. 38-0685690 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 18, 1923 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 35601 Veronica St, Livonia, MI 48150 _____
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System _____

Office Address: 1200 South Pine Island Road _____

Plantation _____ FL 33324 _____
(City) (Zip code)

2022 NOV 22 AM 10:37

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.

C T Corporation System

By: Denise Bell _____
(Registered agent's signature) Denise Bell, Asst. Secy.

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. 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: Matthew McDonnell
 Vice Chairman Address: 35601 Veronica St
 Director Livonia, MI 48150
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Nick Haratsaris
 Vice Chairman Address: 35601 Veronica St
 Director Livonia, MI 48150
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____


Chairman Name: Deborah Jacob
 Vice Chairman Address: 35601 Veronica St
 Director Livonia, MI 48150
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: David Lubin
 Vice Chairman Address: 35601 Veronica St
 Director Livonia, MI 48150
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Bruce Jacob
 Vice Chairman Address: 35601 Veronica St
 Director Livonia, MI 48150
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 Other _____ Other _____

Chairman Name: Paul Stieler
 Vice Chairman Address: 35601 Veronica St
 Director Livonia, MI 48150
 President _____
 Vice President _____
 Secretary _____ Treasurer _____
 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.

12.  Digitally signed by Nick Haratsaris
DN: cn=Nick Haratsaris, o=20221122 09:12:14 CST

 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.

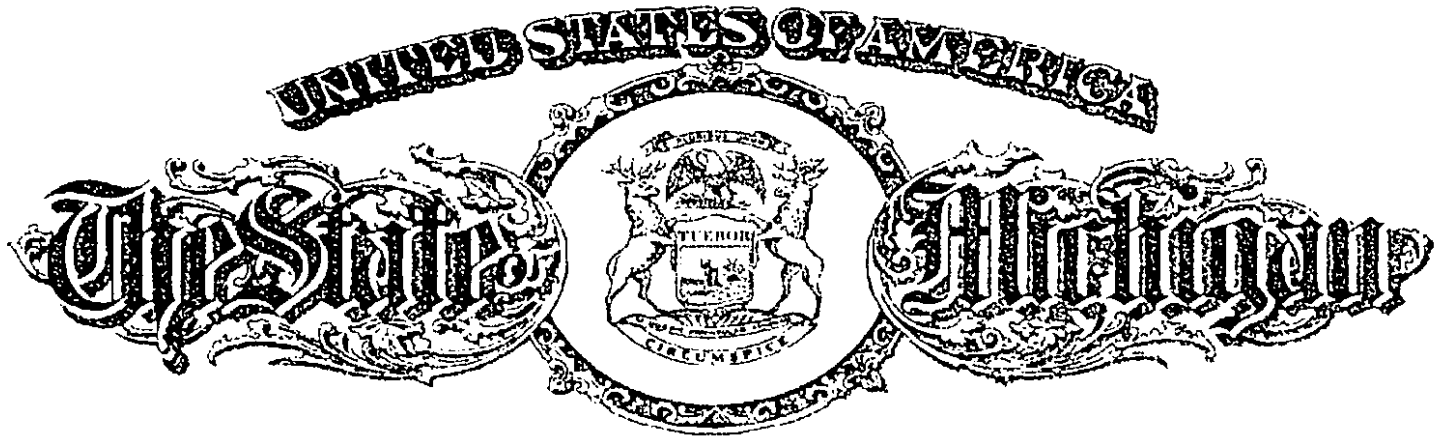
13. Nick Haratsaris - President

 (Typed or printed name and capacity of person signing application)

SECTION A: DIRECTORS continued

Elyse Jacob
Director
35601 Veronica St
Livonia, MI 48150

Paul Jacob
Director
35601 Veronica St
Livonia, MI 48150



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

M. JACOB & SONS

was validly incorporated on October 18, 1923 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.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of November, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22110438007