

WA210000002785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

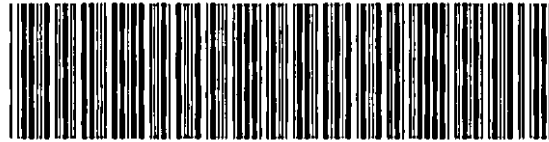
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TALLAHASSEE, FL

US
3/13/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2021

HEATHER HUISMAN
3631 ALGANSEE DR NE
GRAND RAPIDS, MI 49525

SUBJECT: BEIMAN VACATION RENTALS LLC
Ref. Number: W21000026362

We have received your document for BEIMAN VACATION RENTALS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 921A00004152

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beiman Vacation Rentals LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather Huisman
Name of Person

Beiman Vacation Rentals LLC
Firm/Company

3631 Alganssee Dr NE
Address

Grand Rapids, MI 44525
City/State and Zip Code

beimantourvacationrentals@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Heather Huisman at (616) 301-5664
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Beiman Vacation Rentals LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-1475162
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 3631 Alganssee Dr NE
(Street Address of Principal Office)
Grand Rapids, MI
49525

6. 3631 Alganssee Dr NE
(Mailing Address)
Grand Rapids, MI
49525

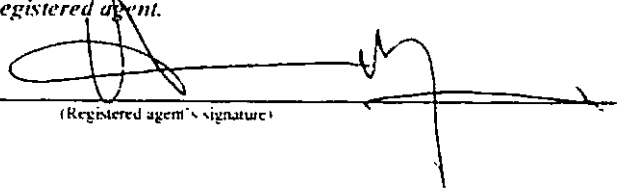
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Orlando Vacation Village Inc
Office Address: 109 Amber Street Way, Suite 285
Davenport, Florida 33897
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Heather Huisman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Dawn Huisman</u>
<input type="checkbox"/> Member	Address: <u>3631 Alganssee Dr NE</u>	<input type="checkbox"/> Member	Address: <u>3631 Alganssee Dr NE</u>
<input type="checkbox"/> Authorized Person	<u>Grand Rapids, MI 49525</u>	<input type="checkbox"/> Authorized Person	<u>Grand Rapids, MI 49525</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Jordan Beimers</u>
<input type="checkbox"/> Member	Address: <u>2965 3 Mile Rd</u>
<input type="checkbox"/> Authorized Person	<u>Grand Rapids, MI 49525</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

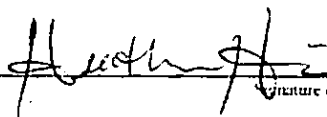
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

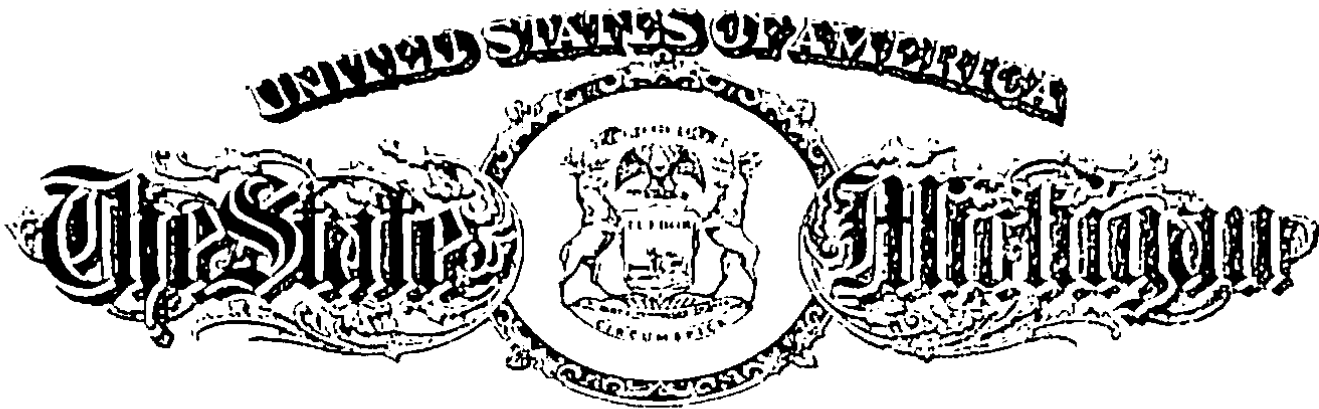
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person
Heather Huisman

Typed or printed name of signer



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That
BEIMAN VACATION RENTALS LLC

was validly authorized on January 15, 2021, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

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 4th day of March, 2021.

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau

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STATE OF MICHIGAN
SECRET

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