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Comment

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jasper Weller,	LLC	
SUBJECT:	Name of Limited Liability Company	
	d Liability Company for Authorization to Transact Business in Floric r the above referenced foreign limited liability company to transact b	
Please return all correspondence concerning t	his matter to the following:	
Kari Weiss		
	Name of Person	_
	Firm/Company	_
1500 Gezon	Parkway	
	Address	
Grand Rapid	s MI 49509	2014 ef-c
	City/State and Zip Code	014 MAR 24
E-mail a	ddress: (to be used for future annual report notification)	
For further information concerning this matte	r, please call:	
Kari Weiss	₄ 616 \724-2000 \frac{\bar{2}}{2}	25
Name of Contact Pe	rson Area Code Daytime Telephone Number	_
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	amount: 0 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee cate of Status Certified Copy 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: Jasper Weller, 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 Fiorida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 46-4711237 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 04/01/2014 (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) , 815 Wernsing Road Jasper IN 47546 (Street Address of Principal Office) 6 1500 Gezon Parkway Grand Rapids MI 49509 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jasper Engine Exchange Inc. - Manager 815 Wernsing Road Jasper IN 47546 8. Attached is an original 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. (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) (\$ignate) te of an authorized person (in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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 a.817.155, F.S.) Holly Zandstra
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limit Jasper Weller	ted Liability Company is:	
If unavailable, the alterna	ate to be used in the state of Florida is:	
2. The name and the Flor	rida street address of the registered agent and office are:	
Natio	nal Corporate Research, LTD., IN	C.
	(Nanic)	201 AE
155	Office Plaza Drive	ZOULMAR 24 SECRETARY ALBAHASS
 	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ARY SSE
Tallaha	ssee FL 32301	
	City/State/Zip	FATE ORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

National Corporate Research, Ltd., Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

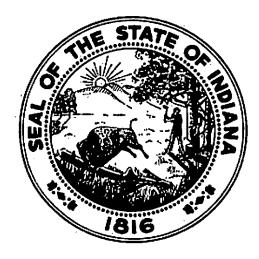
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

JASPER WELLER, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 28, 2014, and was in existence or authorized to transact business in the State of Indiana on March 13, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Thirteenth Day of March, 2014.

COLORIE CYTHE

Connie Lawson, Secretary of State

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