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OCT - 3 2023

K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 976101 8416980

AUTHORIZATION : KINL SCHOOL

COST LIMIT : \$ 1/25.00

ORDER DATE: September 7, 2023

ORDER TIME : 12:55 PM

ORDER NO. : 976101-055

CUSTOMER NO: 8416980

FOREIGN FILINGS

NAME: MODUGO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: ___

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

IN COMPLIANCE WITH SECTION 6/5,0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Lim	nited Liability Company," "L.L.C," or "LLC
Michigan		82-3691574 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	5(HE	l number, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration) ne penalty liability)	
	Ann Arbor, MI 48104		Ann Arbor, MI 48104
eet Address of Principal Office)		(Mailing Address)	
			202
			2028 00
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2028 OCT -
Name and street address		NOT acceptable)	007
Name and street address Name:	ss of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	FILED OCT -3 PM
	Corporation Service Company	NOT acceptable)	FILED OCT -3 PM 7: Add to 1888
		NOT acceptable)	FILED OCT -3 PM
Name:	Corporation Service Company	NOT acceptable)	FILED OCT -3 PM 7: 24 Add to Filed

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.

Corporation Service Company

By: Wellaw Junson, AVP

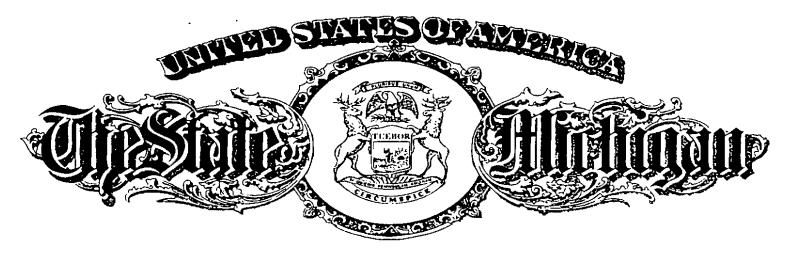
(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Daniel McMurtrie Christopher Mattina **■**Manager ■Manager Address: 206 E. Huron Street Address: ___ □Member □ Member Ann Arbor, MI 48104 Ann Arbor, MI 48104 □ Authorized □ Authorized Person Person Other □Other _____ □Other_____ □Other_____ Name: Christine Hordeman □Manager □ Manager Name: Address: 206 E. Huron Street □Member ☐ Member Address: ____ Ann Arbor, MI 48104 **■**Authorized ☐ Authorized Person Person □Other__ Other____ □Other____ □Other_____ Name: ______ □Manager □Manager Name: _____ □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other____ □Other □Other_____ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$,817,155, F.S. Christine Hordeman

Signature of an authorized person

Typed or printed name of signee

Christine Hordeman



Department of Licensing and Regulatory Affairs



Lansing, Michigan

This is to Certify That MODUGO, LLC

was validly authorized on November 7, 2017, 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.



Sent by electronic transmission

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of September, 2023.

Certificate Number: 23090123206