F18000004669

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
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| | | | | | |

Office Use Only



300319478953

18 OCT 15 AM HE IS

8 OCT 15 AH 5:3

K. SALY OCT 16 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

Phone: 850-558-1500

| | ACCOUNT NO. | : | 120000000 | 195 | |
|---------------|---------------------------|------------|------------|---------|--------------|
| | REFERENCE | : | 426747 | 7734334 | |
| | AUTHORIZATION | : | Long 1 b | Cenan | |
| | COST LIMIT | : | \$ 70.00 | | |
| ORDER DATE : | October 5, 2018 | | | | |
| ORDER TIME : | 8:38 AM | | | | |
| ORDER NO. : | 426747-025 | | | | |
| CUSTOMER NO: | 7734334 | | | | |
| | FOREIGN F | ILII | NGS | | - |
| NAME : | MP PUMPS, INC | | | | |
| XXXX QUALIFIC | CATION (TYPE: <u>C</u> | <u>o</u>) | | | |
| PLEASE RETURN | THE FOLLOWING AS | PRO | OOF OF FIL | ING: | |
| | TIED COPY STAMPED COPY | | | | |

EXAMINER:

COVER LETTER

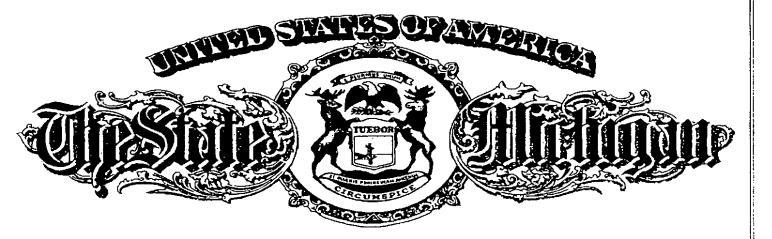
| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Uf Pumps, Inc. |
| SUBJECT: Marne of corporation - must include suffix |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate 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: |
| Julia Bagley Maine of Person |
| Mame of Person |
| MP Pumps, mc. Firm/Company |
| Firm/Company |
| Address Fraser, UI 48026 City/State and Zip code Jlaghy a mppumps, Lom E-mail address: (to be used for future annual report notification) |
| Address |
| Fraser, UI 48026 |
| City/State and Zip code |
| ilaghy a mppumps com |
| E-mail add dess: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Yulia bagley at (586) 415-1357 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (Enter name of co "Inc.," "Co.," "Co | Pumps, Inc. rporation; must include "INCORPORATED," ' rp," "Inc," "Co," or "Corp.") | | |
|---|---|---|-------------------------------|
| | | opted for the purpose of transacting business in Flo | orida) |
| Mich | gan 3 runder the law of which it is incorporated) | 38-2846541 (FEI number, if applicable) | |
| | | | |
| /-/- | 1989 5 | perpetual (Date of duration, if other than perpetual) | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
| | 9-16-2018 | | |
| 34 | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | | |
| | (Principa | I office address) | |
| | rame | , اسر ارسین آرمین | 18 QC |
| Name and stree | rame | address, if different) | 18 OCT 15 MI |
| Name and <u>stree</u> Name: | (Current mailing the address of Florida registered agent: (P.O.) | address, if different) | · 5 |
| Name and <u>stree</u> Name: | (Current mailing t address of Florida registered agent: (P.O Corporation Service Company | address, if different) Box NOT acceptable) | 18 OCT 15 ALL CRIDA |
| Name and stree | (Current mailing taddress of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street | address, if different) Box NOT acceptable) | · 5 |
| Name and stree Name: fice Address: Registered againg been names signated in this orther agree to conties, and I am j | (Current mailing taddress of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointm | address, if different) Box NOT acceptable) 32301 The process for the above stated corporation and agree to act in the elative to the proper and complete performant my position as registered agent. | a at the pris capacince of my |

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: | \mathcal{F}^{*} |
|--|--|
| A. DIRECTORS | 18 OCT 15 AH 5:35 |
| Chairman: | · 15 44 5: 2- |
| Address: | Milain |
| | TĂLLATA |
| Vice Chairman: | |
| Address: | |
| | |
| Director: David Bovenizer | |
| Address: 54 Friends Lane, & | 4. 125, |
| Address: 54 Friends dane, of Newtown, PH 1894 | 70 |
| Director: | |
| Address: | 11-7 |
| | |
| B. OFFICERS | |
| President: Grea Peabody | |
| Address: 34800 Bennett | |
| President: Greg Peabody Address: 34800 Bennett Fraser, Ul 48026 | |
| | |
| Vice President: | |
| Address: | |
| | |
| Secretary: | |
| Address: | |
| Address: Vanessa Mai Address: Sy Friends Lane, New? | 0.0 10.00 |
| Address: 54 Minds Lane, News | town, PH 18440 |
| NOTE: If necessary you hav attach an addendum to the application | n listing additional officers and/or directors. |
| 12. | |
| Signature of Director or C The officer or director signing this document (and who is listed in nu | Officer I habove) affirms that the facts stated herein |
| are true and that he or she is aware that false information submitted i | n a document to the Department of State constitutes |
| a third degree felony as provided for in s.817.155, F.S. | |
| 13. Greg Peabody President (Typed or printed name and capacity of pers | on signing application) |



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

M. P. PUMPS, INC.

was validly incorporated on January 1, 1989 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

OCT 15 AH 5: 35

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.

Tourist Commission Live

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of September, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau