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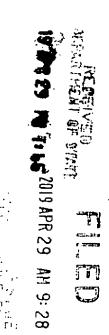
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| W19-5050 |

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G. PRATES

CORPORATE ACCESS, _

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INC.

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WALK IN

| | PICI | K UP: | 04/29/2019 | _ |
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| | CERTIFIED COPY | | | |
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| xx | FILING | FORI | EIGN | |
| | HUFFMASTER CRISIS (CORPORATE NAME AND DOCUM | RESPON MENT#) | SE, INC. | |
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1055 W Maple Rd. Clawson, MI 48017 (248) 588-1600

April 24, 2019

To Whom It May Concern:

This letter is to implement the name change for Huffmaster LLC to Huffmaster Inc. Huffmaster LLC is releasing the name for use to Huffmaster Inc. Huffmaster LLC has no intention of cancelling/reversing the dissolution filing. Please feel free to contact me with any further questions.

Thank you,

Trevor Fandale VP of Finance

COVER LETTER

| TO: | _ | | | | |
|----------|---|---|------------------|--|---|
| CIIDI | • | | TER CRISIS I | RESPONSE, INC. | |
| SUBJ | ECI: | Name of co. | rporation - m | ıst include suffix | |
| Dear S | Sir or Madam: | | | | |
| "Certi | ficate of Existence," | or "Certificate of G | ood Standing | " and check are sub | ct Business in Florida," mitted to register the |
| Please | Registration Section Division of Corporations IECT: | | | | |
| | | | SCOTT KOS | | ansact Business in Florida," e submitted to register the ort notification) 05-7274 elephone Number G ADDRESS: on Section of Corporations 6327 ee, FL 32314 & \$87.50 Filing Fee, Certificate of Status & |
| | | | | · | <u> </u> |
| | | REGISTERE | AGENT SOL | UTIONS, INC. | |
| | | F | irm/Company | | |
| | | 1 70 1 Dis | rectors Blvd., S | uite 300 | |
| | | of Corporations HUFFMASTER CRISIS RESPONSE, INC. Name of corporation - must include suffix am: pplication by Foreign Corporation for Authorization to Transact Business in Florida," kistence," or "Certificate of Good Standing" and check are submitted to register the foreign corporation to transact business in Florida. correspondence concerning this matter to the following: SCOTT KOS Name of Person REGISTERED AGENT SOLUTIONS, INC. Firm/Company 1701 Directors Blvd., Suite 300 Address Austin, TX 78744 City/State and Zip code skos@rasi.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: KOS 888 705-7274 Person Area Code Daytime Telephone Number C/COURIER ADDRESS: fon Section of Corporations uitding cutive Center Circle ce, FL 32301 ck for the following amount: Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certificed Copy Certificate of Status | | | |
| | | A | ustin, TX 7874 | 4 | |
| | | Cit | y/State and Zi | p code | |
| | | | skos@rasi.com | n | |
| | | E-mail address: (to | be used for fu | ture annual report n | otification) |
| For fu | ther information cor | cerning this matter, | please call: | | |
| | SCOTT KOS | | 888 | 705-7274 | |
| | Name of Person | | rea Code | Daytime Teleph | none Number |
| - | Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32 | n ations nter Circle 301 | | Registration Se Division of Co P.O. Box 6327 | ection rporations |
| | | \$78.75 Filing Fee | | | |

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. | HUFFMASTER CRISIS RESPONSE, INC. | | | | | | |
|----------------------------------|--|---|----------------------|--|--|--|--|
| (Enter name of "Inc.," "Co.," "C | corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | | | | | |
| (If name unavai | lable in Florida, enter alternate corporate name adop | oted for the purpose of transacting b | business in Florida) | | | | |
| • | Michigan 3. | 38-3312074 | | | | | |
| (State or count | ry under the law of which it is incorporated) 09/16/1996 5. | (FEI number, if applicable) | | | | | |
| (Date | e of incorporation) | (Date of duration, if other than perpetual) | | | | | |
| j | | | | | | | |
| | (Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, | F.S., to determine penalty liability) | | | | | |
| | 1055 W Maple Rd., C | Liawson, MI 48UI / | 201 | | | | |
| | (Principal o | ffice address) | 2019 APR | | | | |
| | (Current mailing ad | dress, if different) | 29 | | | | |
| Name and street | et address of Florida registered agent: (P.O. Be | ox NOT acceptable) | AM 9: 2 | | | | |
| Name: | Registered Agent Solutions, Inc. | _ | 28 FL | | | | |
| office Address: | 155 Office Plaza Dr., Suite A | _ | | | | | |
| | Tallahassee | 32301 _ , Florida | | | | | |
| | (City) | (Zip code) | | | | | |

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.

Jaclyn Wright, Asst. Secretary

(Registered agent's signature)

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: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Raymond E. Huffmaster Director: 1055 W Maple Rd., Clawson, MI 48017 Address: Director: Address: **B. OFFICERS** Gregory M. Johnson President: 1055 W Maple Rd., Clawson, MI 48017 Address: __ Ryan D. Huffmaster Vice President: 1055 W Maple Rd., Clawson, MI 48017 Address: Ryan D. Huffmaster Secretary: 1055 W Maple Rd., Clawson, MI 48017 Address: Ryan D. Huffmaster Treasurer: 1055 W Maple Rd., Clawson, MI 48017 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Ryan D. Huffmaster 13. _____

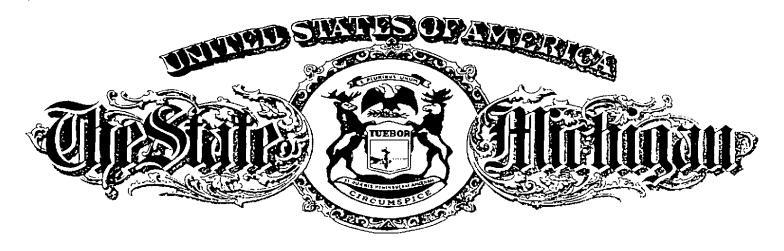
(Typed or printed name and capacity of person signing application)

11B. OFFICERS (CONT'D.)

Chief Executive Officer:

Address:

Raymond E. Huffmaster 1055 W Maple Rd., Clawson, MI 48017



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HUFFMASTER CRISIS RESPONSE, INC.

was validly incorporated on September 16, 1996 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.



Sent by electronic transmission

Certificate Number: 19041839290

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of April, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau