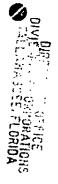
| | Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT ☐ MAIL | | | | |
| | Business Entity Name) | | | | |
| | | | | | |
| (| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| W23-17560 | | | | | |

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INC.

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WALK IN

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| KX | FILING | FOREIGN LLC | |
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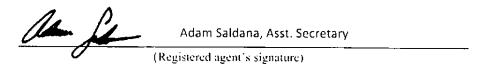
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

| | orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.") | D. | ` "COMPANY," "CORPORATION, | | | |
|------------------------------|---|------|--|-------------|-------------|--|
| RESURGET E | NGINEERING PC Corp | | | | | |
| (If name unavail | able in Florida, enter alternate corporate na | me | adopted for the purpose of transacting | business in | Florida) | |
| 2. Michigan | | 3 | 83-1649587 | | | |
| (State or countr | y under the law of which it is incorporated) |) | (FEI number, if app | licable) | | |
| 4. 07/31/2018 | 07/31/2018 | | Perpetual 5. | | | |
| | of incorporation) | | (Date of duration, if other than perpetual) | | | |
| Upon Registrati | on | | | | | |
| 7. ^{28 W} Adams Ave | | | Florida, if prior to registration) 02, F.S., to determine penalty liability | ') | | |
| | | offi | ce street address) | Ŧ, · | 2023 F | |
| Name and stree | (Current ma et address of Florida registered agent: () | | g address, if different) | | 2023 FEB 13 | |
| . Name and street | | | . Box (NOT acceptable) | | <u> </u> | |
| Name: | Registered Agent Solutions, Inc. | | | • | ဏ် | |
| Office Address: | 155 Office Plaza Dr., Suite A | | | : | ယ ထ | |
| | Tallahassee, FL | | , Florida 32301 | | | |
| | (City) | | (Zip code) | | | |

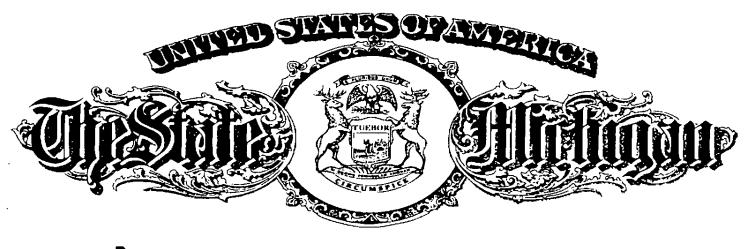
9. Registered agent's acceptance:

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.



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.

| A. DIRECTORS | | | | | | | |
|---|---|---|--|--|--|--|--|
| □Chairman | Name: | □Chairman | Name: Marc Steinhobel | | | | |
| □Vice Chairman | Address: 28 W Adams Ave, Suite 1710 | □Vice Chairman | Address: 28 W Adams Ave. Suite 1710 | | | | |
| □Director | Detroit, MI 48226 | □Director | Detroit, MI 48226 | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | |
| ■Other Manage | □Other | ■Other | Other | | | | |
| □Chairman | Sean Godin | □Chairman | Name: | | | | |
| □Vice Chairman | Address: 28 W Adams Ave. Suite 1710 | □Vice Chairman | Address: | | | | |
| □Director | Detroit, MI 48226 | □Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| ☐ Secretary | □Treasurer | □ Secretary | ElTreasurer | | | | |
| Manager ■Other | Other | □Other | Other | | | | |
| | | | | | | | |
| □Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □ Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| Secretary | □Treasurer | □ Secretary | □Treasurer | | | | |
| □Other | Other | □Other | | | | | |
| individuals may be | ise an attrehment to report more than six (6). The attractor of the index when filing you Florida Departm | achment will be imaged ent of State Annual Re | d for reporting purposes only. Non-indexed port form. | | | | |
| Signature of Director or Officer | | | | | | | |
| The officer or direct she is aware that falls. \$17.155, F.S. | tor signing this document (and who is listed in numb- lse information submitted in a document to the Depar | er 11 above) affirms th timent of State constitu | at the facts stated herein are true and that he or tes a third degree felony as provided for in | | | | |



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

RESURGET ENGINEERING PC

was validly incorporated on July 31, 2018 as a Michigan DOMESTIC PROFESSIONAL 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.

TOTAL AND REGULATORY AND REGULATORY

Sent by electronic transmission

Certificate Number: 23020154009

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

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau