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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Micro General, LLC		
	Limited Liability Company)	
	d Liability Company for Authorization to Transactive submitted to register the above referenced foreda	
Please return all correspondence concerning the	nis matter to the following:	
Marjorie Nemzura	1	
······	(Name of Person)	
Fidelity National		
	(Firm/Company)	
171 N. Clark Street - 8th Floor		
	(Address)	
Chicago, IL 60601		
(Cit	y/State and Zip Code)	
For further information concerning this matter	, please call:	04 HOV 22
Marjorie Nemzura	at (312) 223-4552	¥ 0
(Name of Person)	(Area Code & Daytime Telephone Nun	
STREET ADDRESS:	MAILING ADDRESS:	2: 20
Registration Section	Registration Section Division of Corporations	O :
Division of Corporations 409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fe		e, Certificate & Certified Con

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MICRO GENERAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2004.



Harriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3478222

DATE: 11-16-04

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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 Limited Liability Company is:	
Micro General, LLC	
2. The name and the Florida street address of the registered agent and office are:	
C T Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324 FL City/State/Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida State (Signature)	nt as registered statutes accept the

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

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign L	imited Li	ability Company)		
Delaware		3.	36-0906930		
(Jurisdiction und company is orga	ler the law of which foreign limited lia nized)	ability	(FEI number, if applicable)		
	6/18/2004	5.	perpetual		
. (I	Date of Organization)	•	(Duration: Year limited liability company will exist or "perpetual")	l cease to	<u> </u>
upon filing					_
	(Date first transacted busine (See sections 608.501 & 608.	ss in Flor 502 F.S.	ida, if prior to registration.) to determine penalty liability)		
601 Riverside	Avenue.				_
Jacksonville F	EL 32204				
	(Street A	Address o	f Principal Office)	-	_
. If limited lial	bility company is a manager-ma	naged o	company, check here		
,		-	1 3		
. The name an	d usual business addresses of th	ne mana	ging members or managers are as follow	s:	
	d usual business addresses of the and Trust Company	ne mana	ging members or managers are as follow	rs:	
	and Trust Company	ne mana	ging members or managers are as follow	s:	_
Chicago Title	and Trust Company e Avenue	ne mana	ging members or managers are as follow	0 - 1:0v	- B: (12)
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