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|----------------|-------------------|

Foreign Limited Liability Company Paul and Nita Schell LLC

| Certificate of Status | 0 |
|-----------------------|----------|
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Fax and ### ## ## ## ## 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:

| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | | | |
|--|----------------|--------------|----|
| Paul and Nita Schell.LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of the company of t | or "LLC.") | | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attaconsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C.," "LLC.") | ch a copy of t | he writte | en |
| 2. Nevada (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable | | | |
| company is organized) |) | | |
| 4. 9/12/2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability companexist or "perpetual") | y will cease t | O | |
| 6. Upon Qualification | N S | <u>_</u> | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) | .ESE | 8 | 7 |
| 7 6585 Summit Ridge, Clarkston, Michigan 48346 | ASSE | 124 | Ē |
| (Street Address of Principal Office) | TO: | A | C |
| 8. If limited liability company is a manager-managed company, check here | ORD. | 8: 09 | |
| 9. The name and usual business addresses of the managing members or managers are as fol | llows: | ယ | |
| Paul Schell, 6585 Summit Ridge, Clarkston, Michigan 48346 | | | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under oath of the translator must be submitted.) | | | n |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | | _ | |
| All lawful business | | | |
| Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | | |
| Paul Schell Typed or printed name of signee | | | |
| fax andi+#H110002551633 | | | |

fax audit # H/10002551633

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 na | ame of the Limited Liability Comp | any is: | |
|--|---|--|---|
| Paul and N | Nita Schell LLC | | |
| If name u | navailable, the alternate name to b | e used in the state of Florida is: | |
| 2. The na | ame and the Florida street address | of the registered agent and office are: | SECRETALIAHA |
| | Business Filings Incorporated | | · SSE |
| | | (Name) | |
| | 1203 Governors Square Blvd, | Suite 101, | H 8: C |
| | Florida Street Add | ress (P.O. Box <u>NOT</u> acceptable) | A 50 |
| | Tallahassee | FL 32301-2960 City/State/Zip | - |
| liability co agent and relating to | ompany at the place designated in the agree to act in this capacity. I furt to the proper and complete performa | to accept service of process for the above s his certificate, I hereby accept the appoint her agree to comply with the provisions of nice of my duties, and I am familiar with a t as provided for in Chapter 608, Florida S | ment as registered 'all stanues nd accept the |
| Mu | hl | | |
| | (Signature) | | |
| Mark Willia | ams, A.V.P., Business Filings Incorpo | orated | |
| | \$ 100.00 | Filing Fee for Application | |
| | \$ 25.00 | Designation of Registered Agent | |
| | \$ 30.00 | Certified Copy (optional) | |

fax andi+ # H110002551633





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PAUL AND NITA SCHELL LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 12, 2011, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20111013-1368
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 13, 2011.

ROSS MILLER Secretary of State