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| (Re | equestor's Name) | <u> </u> |
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| (AC | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: API Proper | rty Michigan, LLC |
| | Name of Limited Liability Company |
| | n Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence cond | erning this matter to the following: |
| Lauren B | annigan |
| | Name of Person |
| | Firm/Company |
| 4800 N E | • • |
| 4000 14 1 | ederal Hwy. Suite B200 |
| Boca Rat | ton, FL 33431 |
| | City/State and Zip Code |
| I banniga | n@numedcare.com |
| | E-mail address: (to be used for future annual report notification) |
| For further information concerning th | is matter, please call: |
| Lauren Bann | igan _{at (} 561 <u>288-5285</u> |
| Name of Co | ontact Person Area Code Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the follows \$125.00 Filing Fee | owing amount: \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 API Property Michigan, LLC |
|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| <u></u> |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") |
| NAI-Linear |
| 2. IVIICNIGAN (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) |
| company is organized) |
| ٠. ــــــــــــــــــــــــــــــــــــ |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| _{5.} 973 Sloane Ct. White Lake, MI 48386 |
| Y |
| (Street Address of Principal Office) |
| |
| _{6.} 4800 N Federal Hwy. Suite B200 Boca Raton, FL 33431 |
| |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| |
| Clifford Carroll - Authorized Member - 4800 N Federal Hwy. Suite B200 Boca Raton, FL 33431 |
| Todd Stephens - Authorized Member - 4800 N Federal Hwy. Suite B200 Boca Raton, FL 33431 |
| |
| |
| |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not |
| acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translat |
| must be submitted) |
| |
| July J |
| Signature of an authorized person |
| (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein ar am aware that any 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.) |
| · · · · · · · · · · · · · · · · · · · |
| TOOD STEPHENS |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 | y Comp | any is: |
|----|-----|------|--------|---------|-----------|--------|---------|
|----|-----|------|--------|---------|-----------|--------|---------|

API Property Michigan, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Lauren Bannigan

(Name

4800 N Federal Hwy. Suite B200

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton

City/State/Zip

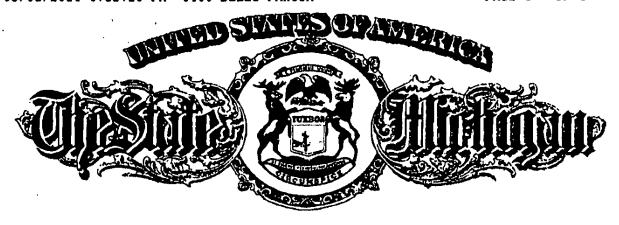
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

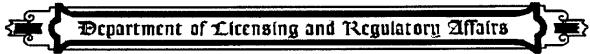
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)





Lansing, Milchigan

This is to Certify That

API PROPERTY MICHIGAN, LLC

was validly organized on August 6, 2014 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

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 Facsimile Transmission E4930X

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of August, 2014

Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau