Division of Corporations



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(((H15000199235 3)))



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To:

Division of Corporations

Fax Number

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

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Foreign Limited Liability Company FCS Acquisition, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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August 19, 2015

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: FCS ACQUISITION, LLC

REF: W15000055335

15 AUG 19 AM 8: 31

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000199235 Letter Number: 015A00017441

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15 AUG 19 PH 1: 16
SECRETARY OF STATE
FALLARIASSEE FLORID

P.O BOX 6327 - Tallahassee, Florida 32314

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:

| GE (Ju | name is unavailable, enter alternate name adopted for pry of the written consent of the managers or managin, ist include "Limited Liability Company," "LLC," or " orgia prisdiction under the law of which foreign inted liability company is organized) | g member adoptir | ig the alternate name. The al | ternate name | - |
|--------|---|--------------------|---|--------------------------|----------|
| (Ji | risdiction under the law of which foreign | . 3. | | | |
| | | | (FEI Number if applic | -1.1.1 | |
| | meet haomity company is organized) | | (AB) Manuper It abbac | anici | |
| Ja | nuary 29, 2015 | 5 | | | |
| | (Date of Organization) | (| (Duration: Year Limited Liab will cease to exist or "perpetu | ility Company al") | |
| | upon filing of this application | | | | |
| | (Date first transacted but | siness in Florida. | if prior to registration.) | | |
| | 3300 Patterson Ave SE | | | , P | 55 |
| | Grand Rapids, MI 49530 | | | 19.5 | <u> </u> |
| | (Prine | cipal Office Addr | ess) | 127 | 9 |
| | 5300 Patterson Ave SE | | | 001 A <u>- 7</u> 11€. | <u></u> |
| | Grand Rapids, MI 49530 | | | <u> </u> | - CC |
| _ | (I | Mailing Address) | | 380 S | ယ |
| If | limited liability company is manager-manag | ged company, c | click here 🛮 | 30 TT | |
| T | ne name, title or capacity and address of the p | person(s) who | has/have authority to ma | inage is/are: | |
| _ | Richard L. Jackson, Manager | | | | |
| _ | Laurence H. Powell, Manager | | | | _ |
| _ | Michael Kendrick, Manager | | | | _ |
| _ | | | | | _ |
| _ | | | | | |
| _ | | | | | _ |

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 | of the Limited Liability Comp | pany is: | | |
|--|--|--|---|--|
| FCS Acquisition | n, LLC | | | |
| If unavailable, | the alternate to be used in th | e state of Florida is: | | |
| 2. The name a | and the Florida street address | of the registered agent and office are: | | |
| | Corporate Creations Netw | ork Inc. | | |
| | (Name) | | | |
| | 11380 Prosperity Farms R | | | |
| | Florida Street Ad | | | |
| | | | | |
| | Palm Beach Gardens | FL 33410 City/Stato/Zip | — (S) (9: 3) | |
| liability compa registered ager statutes relatin | my at the place designated in me and agree to act in this cap g to the proper and complete gations of my position as region. Corporate Crea | to accept service of process for the about this certificate, I hereby accept the appeacity. I further agree to comply with the performance of my duties, and I am familistered agent as provided for in Chapter (Chapter Network Inc.) | ointment as e provisions of all niliar with and | |
| | \$ 100.00 | <u>-</u> | | |
| | \$ 25.00 \$ 30.00 | | | |
| | \$ 5.00 | | | |

Control Number: 1501 1967

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FCS Acquisition, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia-Amotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Gode of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Juriadiction
Print Date
Form Number

: |2132174 :01/29/2015 : Georgia :8/17/2015 :211



B: P. Kemp Secretary of State