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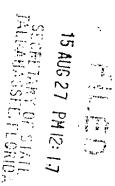
(Requestor's Name)						
(Address)						
(Address)						
(City	/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		: :				
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Office Use Only



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AUG 27 2015 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2015

JEFFREY KINSELLA 10049 HARRISON STE 400 ROMULUS, MI 48174

SUBJECT: DANISON MANAGEMENT LLC

Ref. Number: W15000035432

We have received your document for DANISON MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Letter Number: 815A00010509

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

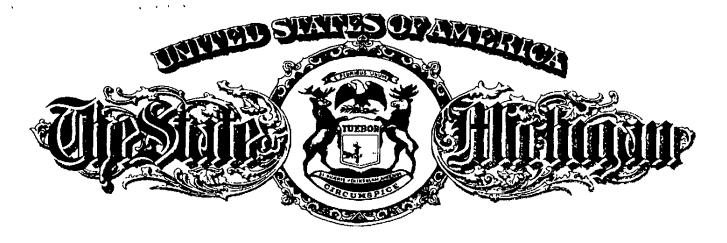
COVER LETTER

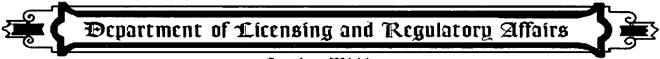
TO:	Registration Section Division of Corporatio	ns			
SUBJE	Danison Manageme	ent LLC		•	
		Name of	Limited Liability Company	/	
				ransact Business in Florida," Certificate of ity company to transact business in Florida	
Please	return all correspondence	concerning this matter to the	following:		
	Jeffrey Kinsell	a			
	<u></u>	N	ame of Person		
	Danison Mana	gement LLC			
Firm/Company					
	10049 Harrison	Ste 400			
	Romulus, MI 4	8174			
		City/S	tate and Zip Code		
	metroairserv@m				
		E-mail address: (to be use	d for future annual report n	otification)	
For furt	ther information concerning	g this matter, please call:			
	Philip M Levitt CPA		248 792-6	945	
	Name o	of Contact Person		aytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisio Registr Clifton 2661 E	et ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301	
Enclose	is a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate 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	Danison Mana				
(Name of Fore	ign Limited Liability Company; must incl	ude "Limited Liab	oility Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter al- Liability Company,""L.L.C,	ernate name adopted for the purpose of tr	ansacting business	s in Florida. The alternate nan	ne must include	"Limited
Michigan					
	of which foreign limited liability	·	(FEI number, if applicable))	
4. Upon Registration				_	
	(Date first transacted business in I (See sections 605.0904 & 605.0905,	Florida, if prior to F.S. to determine	registration.) penalty liability)		
5. <u>10049 Harrison, Sι</u>	uite 400			_	
Romulus	MI	48174			
	(Street Address of Princi	oal Office)		-	
_{6.} 10049 Harrison, Su	ite 400			- <u>≥</u> 0	
Romulus	MI	48174			ਸ਼ >
	(Mailing Addre	ss)		- AND AND -	5 (ii)
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox NOT accepta	able)	SS N) 0a
Name:	InCorp Services, Inc.		,		d d Strong
	17888 67th Court North		-		t dif Erenama
Office Address:			-		Secure !
	Loxahatchee		, Florida <u>33470</u>		
D:-4d4\	(City)		(Zip code)		
Registered agent's accept Having been named as res	sance. gistered agent and to accept service o	f process for the	e above stated corporation	at the place d	lesignated in
his application, I hereby (accept the appointment as registered	agent and agree	e to act in this capacity. I	further agree	to comply
vith the provisions of all s the obligations of my posit	tatutes relative to the proper and con tion as registered agent(nplete performa	nce of my duties, and I an	n familiar with	ı and accept
conganon of no real		,00 /	Janice Nullon be	half of InCorp	Services, In
	(Registereda	gent's signature)	Statice /Vull	_	
8. The name, title or capa	city and address of the person(s) who	has/have author	ity to manage is/are:		
Jeffrey Kinsella, Mem		Naples, FL	34102		
•			H - H		
	- C		and be also office the dis-		
urisdiction under the law	of existence, no more than 90 days old of which it is organized. (If the certific	ate is in a foreig	ated by the official having In language, a translation o	f the certificate	e under oath
of the translator must be su		_	, 3 3 ,		
	V Jul				
	Signature of an	authorized person	I	_	
This document is executed	in accordance with section 605.0203 (1) (b), Florida S	Statutes. I am aware that any	y false informa	tion
submitted in a document to	the Department of State constitutes a	inira degree ielo ey Kinsella	my as provided for in s.817	.133, г.З.	
	Typed or printed			_	
	ryped or printed	THE OF SIRILOR			





Lansing, Michigan

This is to Certify That

DANISON MANAGEMENT LLC

was validly organized on January 7, 2009 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of August, 2015

Alan J. Schefke, Director

Corporations, Securities & Commercial Licensing Bureau