## M1500 0008278

| (                    | Requestor's Name)       |                                       |
|----------------------|-------------------------|---------------------------------------|
|                      |                         |                                       |
| (                    | (Address)               |                                       |
|                      |                         |                                       |
|                      | (Address)               |                                       |
|                      |                         |                                       |
|                      | City/State/Zip/Phone #) | -                                     |
| _                    | _                       | _                                     |
| ☐ PICK-UP            | WAIT                    | MAIL                                  |
|                      |                         |                                       |
| (                    | Business Entity Name)   | · · · · · · · · · · · · · · · · · · · |
|                      |                         |                                       |
| (                    | Document Number)        |                                       |
|                      |                         |                                       |
| Certified Copies     | Certificates of         | Status                                |
|                      |                         |                                       |
| Special Instructions | to Filing Officer:      |                                       |
| ,                    | ū                       |                                       |
|                      |                         |                                       |
|                      |                         |                                       |
|                      |                         |                                       |
|                      |                         |                                       |
|                      |                         |                                       |
|                      |                         |                                       |

Office Use Only



100277886441

10/14/15--01016--004 \*\*125.00



OCT 1 5 2015 J SHIVERS

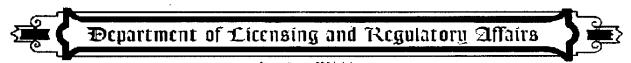
## **COVER LETTER**

|             | Registration Section Division of Corporations '  |   |   |  |  |                              |
|-------------|--|---|---|--|--|------------------------------|
| SUBJEC      | Ст:Со  | nfluence                                    | , L.L.                                  | C,   |  |                              |
|             |  | Name of I                                   | imited Liability (                      | Company  |  |                              |
| The enclo   | osed "Application by Foreign Lime, and check are submitted to regis                                | ited Liability Comp<br>ter the above refere | any for Authoriza<br>nced foreign limit | tion to Trai<br>ed liability                     | nsact Business in Florida," C<br>company to transact busines                   | Sertificate of ss in Florida |
| Please ret  | eturn all correspondence concernin   | g this matter to the f                      | following:                              |  |  |                              |
|             | Ja   | mes B.                                      | Hamilto                                 | И  |  |                              |
|             |  | IN a  | me of Person                            |  |  |                              |
|             | <i>C</i> w   | nfluence                                    | , L. L. C                               | n<br>_ ,   |  |                              |
|             |  | Fir   | m/Company                               |  |  |                              |
|             | 98   | O Spanis                                    | h Moss                                  | Trail  |  |                              |
|             |  |   | Address                                 |  |  |                              |
|             | Nu   | gles, FL                                    | 34108                                   | 3  |  |                              |
|             | · · · · · · · · · · · · · · · · · · ·  | City/St                                     | ate and Zip Code                        |  |  |                              |
|             |  | jimh 8266                                   | eme, com                                |  |  |                              |
|             | E-mail   | address: (to be used                        | for future annual                       | report noti                                      | fication)  |                              |
| For furthe  | er information concerning this mat   | tter, please call:                          |   |  |  |                              |
| -           | Michael G. Mil<br>Name of Contact  | liman, Esq.                                 | at ( <u>734</u><br>Area Code            | Dayt   | 94-1295<br>ime Telephone Number  |                              |
| ]<br>]<br>] | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |   |   | Division of Registration Clifton Bu<br>2661 Exec | ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301 |                              |
|             |  | nt:<br>.00 Filing Fee &<br>catc of Status   | □ \$155.00 Filin<br>Certified Copy      | g Fee &  | □ \$160.00 Filing Fee, Cert of Status & Certified Copy                         |                              |

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

|  | ence, L.L.   | .C.   |  |   |                                   |                          |
|--|--|---|--|---|-----------------------------------|--------------------------|
| (Name of Foreign L   | Limited Liability Compa  | any; must include "Lim  | ited Liability Compan  | y," "L.L.C.," or  | "LLC.")                           |                          |
| name unavailable, enter alterna<br>ability Company," "L.L.C," or "   | te name adopted for the  | purpose of transacting  | business in Florida. T   | he alternate nan  | ne must include "                 | Limited                  |
| Michigan<br>Jurisdiction under the law of wh   | 1  | 3.  | 38-<br>(FEI numb   | -35421  | 14                                |                          |
| Jurisdiction under the law of whe company is organized)  | nich foreign limited liab  | ility   | (FEI numb  | er, if applicable)  | )                                 |                          |
| N/A  | (Data first transpate)   | d husinges in Elonida   | funianta nasistantian \  |   | <del>-</del>                      |                          |
|  | (Date first transacted<br>(See sections 605.0904<br>Main St                                  | 4   |  | lity)   |                                   |                          |
| A 2 10 A   |  |   |  |   | _                                 |                          |
| 980 5  |  | Iress of Principal Office   | <del>/ O - /</del>   |   | _                                 |                          |
| $\frac{180}{160}$  | Danish Mo  | <del></del>   |  |   | -                                 |                          |
| - Vaples,  | FL 34  | /08   |  |   | - Als                             |                          |
| Nome and street address of   |  |   |  |   | ISO<br>ECR                        |                          |
| Name and <u>street address</u> of l  | Florida registered age   | int: (P.O. Box <u>NO1</u>   | _acceptable)   |   |                                   | è                        |
| Name:  | James Di   | Hamilton  |  |   | SSI<br>AR)                        | ffediction.              |
| Office Address:  | James B.<br>980 Spani  | ish Moss /<br>Inples<br>City)   | rai/   |   | E 0 <b>≥</b>                      | (market)                 |
|  | $\Lambda$  | laples  | . Florida  | 34108   | F STAI                            | in                       |
| egistered agent's acceptance   | ((   | City)   | ,  | (Zip code)  | 8: Sial                           | *fy <sub>194</sub> ser#  |
| aving been named as registe<br>is application, I hereby acce<br>th the provisions of all statu<br>e obligations of my position | pt the appointment a<br>tes relative to the pro  | s registered agent ar   | nd agree to act in th  | is capacity. I  | further agree to                  | comply                   |
|  | - Jane 19  | (Registered agent's sig   | ynature)   |   | _                                 |                          |
|  | 1/   |   | •  |   |                                   |                          |
|  | <i>V</i>   | / \ ( ( )   |  |   |                                   |                          |
|  |  |   |  |   | c. ()                             | 11 - 7                   |
|  |  |   |  |   | Spanish ,                         | Moss 7                   |
|  | and address of the pe  |   |  |   | Spanish,<br>FL 3                  | Moss 7<br>4108           |
| The name, title or capacity  |  |   |  |   | Spanish ,<br>FL 3                 | Moss T<br>4108           |
|  | xistence, no more than nich it is organized. (I  | n 90 days old, duly a   | Manager,   | 980 S<br>Naples   | custody of reco                   | rds in the               |
| Attached is a certificate of existing and the law of wh  | xistence, no more than nich it is organized. (Itted)   | n 90 days old, duly a   | Manager,  uthenticated by the of a foreign language,           | 980 S<br>Naples   | custody of reco                   | rds in the               |
| Attached is a certificate of existing and the law of whether the translator must be submit                                     | xistence, no more than nich it is organized. (Itted)   | n 90 days old, duly at the certificate is in gnature of an authorize                        | Manager,  uthenticated by the ca foreign language,  ad person  | 980 S<br>Naples<br>official having<br>a translation of            | custody of reco                   | rds in the<br>under oath |
| Attached is a certificate of existing and the law of wh  | xistence, no more than nich it is organized. (Itted) Signature of the coordance with section | n 90 days old, duly at the certificate is in gnature of an authorize on 605.0203 (1) (b), F | Manager,  uthenticated by the ca foreign language,  ext person | 980 S<br>Naples<br>official having<br>a translation of<br>9/14/15 | custody of record the certificate | rds in the<br>under oath |





Lansing, Mlichigan

This is to Certify That

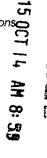
## CONFLUENCE, L.L.C.

was validly organized on June 12, 2000 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 obligation.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact 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 c given it in every court and office within the United States





Sent by Facsimile Transmission B64743 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of October, 2015

Julia Dale, Acting Director

Corporations, Securities & Commercial Licensing Bureau