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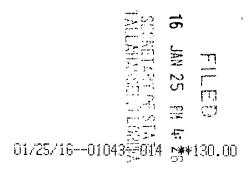
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(Requestor	s Name)
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JAN 2 6 2016

S. YOUNG

COVER LETTER

4	sion of Corporation . CROWN VENTUR	RES REALTY, LLC						
SUBJECT:		•	Limited Liability	Company				
-	•	. • .						
The enclosed Existence, and	"Application by For I check are submitte	reign Limited Liability Comp ed to register the above refer	oany for Authoriza enced foreign limi	ition to Tra ted liability	ansact Business y company to to	s in Florida ransact bus	," Cen iness	rtificate in Florid
Please return a	all correspondence of	concerning this matter to the	following:					
	James A. Schri	emer, Esq.						
		N	ame of Person				_	
	Conlin, McKer	nny & Philbrick, P.C.						
	Firm/Company							
	350 S. Main St	reet, Suite 400						
	Address				24:20	S		
	Ann Arbor, MI	48104-2131				基型	JAN.	1)
		•	tate and Zip Code				25	
	jgross@c-vcorp.	com E-mail address: (to be use	1 C C		(: C+:)	, m	777 282	
For further inf	ormation concernin	g this matter, please call:	a for future annua	report noi	incation)	Page 1	4: 28	
Jame	es A. Schriemer		734 at (761-90	00			
	Name o	of Contact Person	Area Code	Day	time Telephon	e Number	_	
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporation ion Section fuilding secutive Center (see, FL 32301			
	check for the follow 25.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filion		□ \$160.00 F			icate

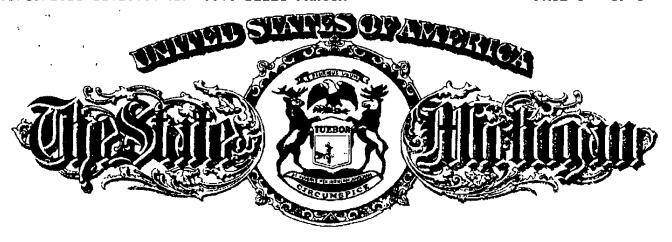
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

MICHIGAN Mot applicable (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Saline, Michigan 48176 (Street Address of Principal Office) Same as above (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Saline, Michigan 48176 Same as above		ternate name adopted for the purpose of trans	acting business in Florida. The alternate nar	ne must include "I	imited
Company is organized) Not applicable (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 9265 Apple Crest Drive Saline, Michigan 48176 (Street Address of Principal Office) same as above (Mailing Address) (Mailing Address) (Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation (City) (City) (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Kristin Bolden Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			26-3806492		
Complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with except the obligations of my position as registered agent. Not applicable (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 9265 Apple Crest Drive	(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 9265 Apple Crest Drive Saline, Michigan 48176 (Street Address of Principal Office) same as above (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road					
(Street Address of Principal Office) Same as above (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Plantation Plantation (City) registered agent and to accept service of process for the above stated limited liability company at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with except the obligations of my position as registered agent. (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	- 1100 аррисаліс	(Date first transacted business in Flor	rida, if prior to registration.)	_	
Saline, Michigan 48176 (Street Address of Principal Office) Same as above (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road	0265 Amula Creat Driv	(See sections 605.0904 & 605.0905, F.S.	S, to determine penalty liability)		
(Street Address of Principal Office) same as above (Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road 1200 Sou	· 9263 Apple Crest Driv	e		_	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation , Florida (City) (Zip code) registered agent's acceptance: (Aving been named as registered agent and to accept service of process for the above stated limited liability company at the place exignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further age to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a comply with the provision as registered agent. Kristin Bolden Assistant Secretary (Registered agent's signature)	Saline, Michigan 4817				
(Mailing Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road Florida 1200 South Pine Island Road 1200 South Pine Islan		(Street Address of Principal	Office)	عسم رياست	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road 1200 South Pine Isla	same as above				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road City Florida 33324					71
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road		(Mailing Address)			
Office Address: 1200 South Pine Island Road Plantation Florida 33324 (Zip code)	Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Office Address: Plantation	Name:	C T Corporation System			المسايا
Plantation (City) (C	Office Address:	1200 South Pine Island Road			
(City) (City) (City) (Cip code) egistered agent's acceptance: (aving been named as registered agent and to accept service of process for the above stated limited liability company at the place estignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further age complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with except the obligations of my position as registered agent. Kristin Bolden Assistant Secretary (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Office Address,	Plantation			
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		(Registered ager	nt's signature)		
	. The name, title or capa	icity and address of the person(s) who has	s/have authority to manage is/are:		
	ohn Gross, Member - 920	65 Apple Crest Drive, Saline, MI 48176			
			· · · · · · · · · · · · · · · · · · ·		
	risdiction under the law	of which it is organized. (If the certificate abmitted)	rs in a foreign language, a translation o		
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oat f the translator must be submitted) Signature of an authorized person	his document is executed	in accordance with section 605,0203 (1)	(b), Florida Statutes. I am aware that an	v false informatio	on
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oat the translator must be submitted) Signature of an authorized person					
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oat f the translator must be submitted)	acimico in a decominant te		O , ,		

Typed or printed name of signee

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CROWN VENTURES REALTY, LLC

was validly organized on December 3, 2008 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 1363357

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of January, 2016

Julia Dale, Acting Director

Corporations, Securities & Commercial Licensing Bureau