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(Re	equestor's Name)				
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				





100284688571

06/03/16--01024--014 **638.75

04/26/16--01031--007 **125.00

16 MAY 31 PH 3: 31
SEGREPASSESTALE

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	First Nation Group, LLC T:
	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	turn all correspondence concerning this matter to the following:
	Cheryl Nilsson
	Name of Person
	First Nation Group, LLC
	Firm/Company
	208 Court Yard Plaza, Suite 20 9 , 4566 Hwy 20
	Address
	Niceville, FL 32578
	City/State and Zip Code
	cheryl@firstnationgroup.com
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	Cheryl Nilsson 850 621-6908 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Callahassee, FL 32314 Registration Section Clifton Building Callahassee, FL 32301
Enclose	is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

LALISMASSIL - MAIDA

April 29, 2016

CHERYL NILSSON COURT YARD PLAZA, SUITE 208, 4566 HWY 20 NICEVILLE, FL 32578

SUBJECT: FIRST NATION GROUP, LLC

Ref. Number: W16000031905

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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

Letter Number: 016A00008985

Chil I N Som Cheen Nilson 850 6216908

Church for 638,75 attached

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

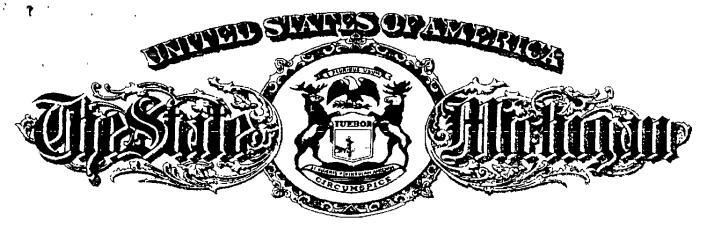
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ernate name adopted for the purpose of transacting busines	ss in Florida. The alternate na	me must it	iclude .	Limited
Liability Company," "L.L.C,"					
2. Michigan	3. 461562844				
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable	2)		
4. February 2015					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determin	o registration.) e penalty liability)			
5: 5555 Conner Street					
Detroit, MI 48213-3448			••		
Deffort, 1911 46215-5446	(Street Address of Principal Office)				
5. 5555 Conner Street	•				
Detroit, MI 48213-3448			- SE	⊕	
	(Mailing Address)		_ 공류	30-	E !
7 Name and street address	of Florida registered agent: (P.O. Box <u>NOT</u> accept	table)	25	డు	Compression of the control of the co
	Cheryl Nilsson	table)	ing.	70	· · · · · · · · · · · · · · · · · · ·
Name:	-	_	17 (V)		i establica
Office Address:	Court Yard Plaza, Ste. 209, 4566 Hwy. 20			ယ္	Name of Street
	Niceville	_ , Florida <u></u>	_ % _ m		
Registered agent's accept	(City)	(Zip code)			
lesignated in this applicate to complywith the provisio	istered agent and to accept service of process for the ion, I hereby accept the appointment as registered a ns of all statutes relative to the proper and complete ty position as registered agent. (Registered agent's signature)	igent and agree to act in th	ris capaci	ty. I fi	urther agre
	(Registered agent's signature)				
0. Th		• •			
	city and address of the person(s) who has/have author	rity to manage is/are:			
		rity to manage is/are:			
8. The name, title or capac Cheryl Nilsson, CFO		rity to manage is/are:		_	
		rity to manage is/are:		-	
Cheryl Nilsson, CEO	city and address of the person(s) who has/have author		- quetodu (nds in the
Cheryl Nilsson, CEO O. Attached is a certificate of	city and address of the person(s) who has/have author of existence, no more than 90 days old, duly authentic f which it is organized. (If the certificate is in a foreig	cated by the official having	custody of the cert	_ - of reco	rds in the under oath

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I 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.

Cheryl Nilsson



Department of Licensing and Regulatory Affairs Lansing, Michigan

This is to Certify That

FIRST NATION GROUP, LLC

was validly organized on January 8, 2013 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 1373229

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of March, 2016

Julia Dale, Acting Director

Corporations, Securities & Commercial Licensing Bureau