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## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	xLM Solutions, LLC				
30001	Name of Limited Liability Company				
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please	turn all correspondence concerning this matter to the following:				
	Marc Young				
Name of Person					
xLM Solutions, LLC					
Firm/Company					
	6689 Orchard Lake Road, #112				
Address					
	West Bloomfield, MI 48322				
	City/State and Zip Code  Moung (a) XLM Solution Com  E-mail address: (to be used for future annual report notification)				
۳ C-	and the state of t				
ror tur	er information concerning this matter, please call:  Marc Young  248 926-5932				
	Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301				
Enclos	is a check for the following mount:  \$\int \\$125.00 \text{ Filing Fee}  \\$130.00 \text{ Filing Fee}   \\$155.00 \text{ Filing Fee}    \\$160.00 \text{ Filing Fee, Certificate}   \qq \qquad          \				

## 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 TRANSACTIBUSINESS IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BU	USINESS IN THE STATE OF FLORIDA:				
1. xLM Solutions, LLC					
(Name of For	eign Limited Liability Company; must include "Limited Lie	ability Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C,	Itemate name adopted for the purpose of transacting busine	ess in Florida. The alternate name	ne must inch	ıde "Limit	ed
Michigan	20-2147919				
<b>4.</b>	of which foreign limited liability	(FEI number, if applicable	)		
4. Aug. 29. 2016					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	o registration.) ne penalty liability)	-		
5. 4120 Winterset Lane			_		
West Bloomfield, MI 4			_		
6. 6689 Orchard Lake Ro	(Street Address of Principal Office) ad, #112				
West Bloomfield, MI 4			-		
	(Mailing Address)		<del></del>		
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT accep	table)			
Name:	Nalinie Vrudhula	<b></b> -			
Office Address:	333 Tall Oak Trail	<del></del>			
! :	Tarpon Springs	, Florida <u>34688</u>	_		
Registered agent's accer	(City)	(Zip code)			•
Having been named as re	egistered agent and to accept service of process for th	he above stated limited liab	ility compai	ny at the j	place
to complywith the provisi	ntion, I hereby accept the appointment as registered to ions of all statutes relative to the proper and complet	te performance of my dutie	s, and I am	familiar	with and
	my position as registered agent.		ESS.	6	
•	Naline Vindlind		_ 도요	<u>~</u>	
!	(Registered agent's signature	)		£ ]	11 <u>-</u>
8. The name, title or cap	acity and address of the person(s) who has/have autho	ority to manage is/are:	- X	-6 [	
	rtner, 4120 Winterset Lane, West Bloomfield, MI 483		ji g	ا جو	
······	artner, 922 Eileen Terrance, Woodmere, NY 11598		82	လ္	
Jonathan Freeson, Manag	ging Partner, 1887 Holton Road, Suite D-110, North M	Auskeon, MI 49445	툿ন	ည	
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a fore submitted)	icated by the official having ign language, a translation o	custody of the certific	records in cate unde	n the er oath
	Signature of an authorized person	on	_		
This document is execute submitted in a document t	d in accordance with section 605.0203 (1) (b), Florida to the Department of State constitutes a third degree fe	Statutes. I am aware that an lony as provided for in s.81'	ıy false infor 7.155, F.S.	rmation	
	Marc Voung	· · · <del>-</del>			

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

XLM SOLUTIONS, LLC

was validly organized on January 12, 2005 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 1408987 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of August, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau