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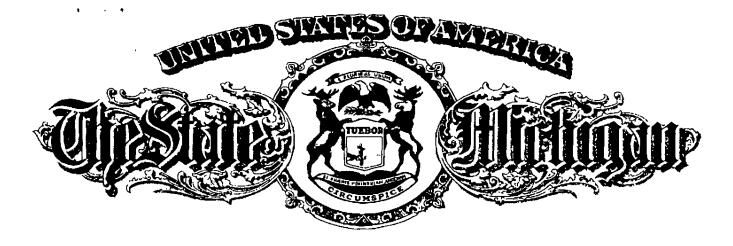
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COVER LETTER

| то: | Registration Section Division of Corporations | • |
|----------|---|--|
| SUBJE | CT: LooMis | e of Limited Liability Company |
| | losed "Application by Foreign Limited Liability (| Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida |
| Please 1 | return all correspondence concerning this matter to | the following: |
| | Don | Name of Person |
| | <u>L</u> | Firm/Company |
| | 12409 42ml | Ave Dr W Address |
| | | ity/State and Zip Code |
| | E-mail address: (to be | eedomhr. Com used for future annual report notification) |
| For furt | her information concerning this matter, please cal | : |
| | Doug Mishler Name of Contact Person | at (941) 545 - 6584 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 |
| Enclose | ed is a check for the following amount: \$\Bigsim \\$125.00 \text{ Filing Fee} \alpha \Bigsim \\$130.00 \text{ Filing Fee} \text{ Certificate of Status} | & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Certified Copy 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|
| 1 |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") |
| 2. MT (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47 - 2533266 (FEI number, if applicable) |
| 4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 12409 42 nd Ave. Dr W |
| (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 12409 42 nd Aye. Dr W Cortez FL 34215 (Street Address of Principal Office) 6. P. O. Box 881 Cortez FL 34215 (Mailing Address) |
| 6. P. O. Box 881 |
| Cortez FL 34215 (Mailing Address) |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: Doug Mishler |
| Office Address: 12409 4240 Ave Drw, Polor 981 |
| Cortez , Florida 34215 (City) (Zip code) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. |
| (Registered agent's signature) |
| |
| Michael D Loomes, Manager, Esseville m. 48732 |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 1480 W center Rd. Ste. 17 1480 W center Rd. Ste. 17 1480 W center Rd. Ste. 17 Douglas O. Mishler, manager, 12409 Wznd Ave. Dr W, Cortez FL 34215 |
| 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) |
| Signifure of an authorized person |
| 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. |
| Typed or Printed name of signee |





This is to Certify That

LOOMISH, LLC

was validly organized on December 1, 2014 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 31st day of October, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau