Division of Corporations

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To:

Division of Corporations

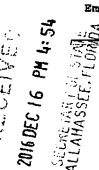
Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: 120050000052 : (850)656-7956 Phone Fax Number : (850)656-7953

er the email address for this business entity to be used tot annual report mailings. Enter only one email address please.** **Enter the email address for this business entity to be used for future



Foreign Limited Liability Company Swift MHP LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

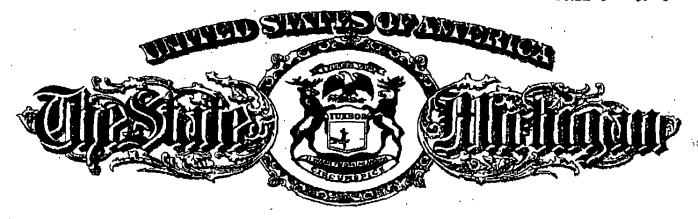
IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

, Swift MHP LLC	AND IN THE STATE OF FILMILM:		
1.	eign Limited Liability Company; must incl	nude "Limited Liability Company," "L.L.C.," or "L	
<u> </u>			
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of tr	ansacting business in Florida. The alterrate name n	aust include "Limited
2 Michigan	s. <i>acc.</i> ,	81-4243467	
	of which foreign limited liability	(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
December, 2016		•	
4.	(Date first transacted business in) (See sections 605.0904 & 605.0905,	larids, if prior to registration.)	
, 1846 Powell Drive	י בטיבט, בטס פוונים או פיטבט, בטס פוונים אויים)	r.o. to oetermine pentity habitity)	
N			FILED BRIGHT OF CONTROLLED THE FILE BY
North Fort Myers, FL	(Street Address of Princip	nel Office)	E E TO
Same as above	(onoot reasons ary tille)	pa. (211.00)	100
·		······································	8 5
	(Mailing Addres	20)	
7 Name and described	•	•	
	a of Florida registered agent: (P.O. Bo Incorporating Services, Ltd.	ox NOL acceptable)	A TO SO
Name:			
Office Address:	1540 Glenway Drive		
	Tallahassoo	, Florida 32301	
Registered agent's accep	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service o	f process for the above stated limited liability	
		t as registered agent and agree to act in this c er and camplete performance of my duties, at	
	my position as registered agent.		•
	Just Whate		
	(Ragistored a	gont's signature)	
	scity and address of the person(s) who	•	•
David M. Ruby, Sole Mer	mber of Fort Myers Ruby LLC, Manag	ger, 3250 W. Big Beaver, Suite 103, Troy, MI	48084
			·
O Attrohad in a new Seate	-f-ul-t	الماسية	
jurisdiction under the law-	of which it is organized. (If the cortific	d, duly authenticated by the official having cus ate is in a foreign language, a translation of the	
of the translator must be so	ubmitted)	<i>.</i>	
	perile 17	w-	
_, ,		authorized person	
This document is executed submitted in a document to	I in accordance with section 605,0203 (to the Department of State constitutes a	 (b), Florida Statutes. I am aware that any faithird degree falony as provided for in a.817.15. 	ise information 5, F.S.
	Konneth F. Silver, Anthorized Agent		

Typed or printed name of signee

12/16/2016 11:15:45 AM -0500 DELEG FAXCOM

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Department of Licensing and Regulatory Affairs

Lansing, Mildrigan

This is to Certify That

SWIFT MHP LLC

was validly organized on October 28, 2018 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 Faosimile Transmission 1424764

In testimony whereof, I have hereunto set my hand, In the City of Lansing, this 16th day of December, 2016

Julle Dele, Director

Corporations, Securities & Commercial Licensing Bureau