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K. SALY JAN 13 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2017

RUTH E REICKARD VARNUM LLP 333 BRIDGE ST. NW, STE. 1700 GRAND RAPIDS, MI 49504

SUBJECT: SMEAL SFA, LLC Ref. Number: W17000000912

2017 JAN 12 PM 12: 41

SENSE PART OF DRING

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 917A00000279

1-9-17

I have added "Authorized Representative"

to the form as Mr. kivell is the Secretary

of the sole member, Smeal Holding, LLL.

Thank you,

Rum B. Reickard

www.sunbiz.org

#### COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	Smeal SFA, LLC						
30001		Name of L	Limited Liability (	Company			
	closed "Application by Foreignee, and check are submitted t						
Please	return all correspondence con	ncerning this matter to the	following:				
	Ruth E. Reickard						
		Na	ime of Person				
	Varnum LLP						
		Fi	rm/Company				
	333 Bridge Street	333 Bridge Street, N.W., Suite 1700					
		<del></del>	Address				
	Grand Rapids, MI	49504					
		City/State and Zip Code					
	rereickard@varnum	nlaw.com					
	E	E-mail address: (to be used	for future annual	report not	ification)		
For fur	ther information concerning t	his matter, please call:					
	Ruth E. Reickard		616 at (	336-680	02		
	Name of C	Contact Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding recutive Center Circle ee, FL 32301		
Enclos		g amount: □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

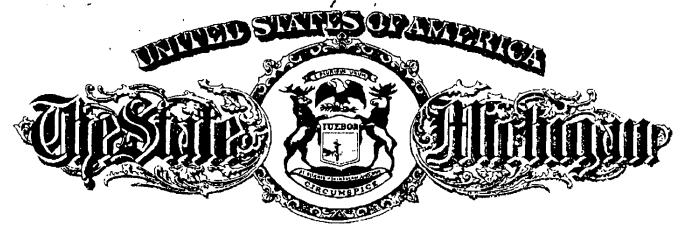
### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

/16			-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
(ii name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transact "or "LLC.")	ling business in Florida. The alternate name mu	st include "Limited
2. Michigan	3,		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
Upon qualification.			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	a, if prior to registration.)	
5. 1541 Reynolds Road	ים, די לרוב היינים אי אינייירטים ביוויים ביינים	o determine penaty natinity)	
Charlotte, MI 48813			
Charlotte, WI 40013	(Street Address of Principal Of	fice)	
6. 1541 Reynolds Road	<b>(</b> 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	,	7
			2017 JAN 12 P
Charlotte, MI 48813	(Mailing Address)		至
7 Name and street address		OTT	55.7
	s of Florida registered agent: (P.O. Box N	OT_acceptable)	True 7
Name:	C T Corporation		700 0
Office Address:	1200 South Pine Island Road		PH 3: 13
	PLantation	, Florida 33324	<b>3</b>
	(City)	(Zip code)	
Registered agent's accen		(Eip voic)	
Having been named as re designated in this applica		cess for the above stated limited liability c egistered agent and agree to act in this cap d complete performance of my duties, and	acity. I further agree
designated in this applica	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and ny position as registered agent. Kristin Bolc	cess for the above stated limited liability c egistered agent and agree to act in this cap d complete performance of my duties, and len retary	acity. I further agree
Having been named as re designated in this applica to complywith the provision accept the obligations of t	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.  Kristin Bold  Assistant Seci (Registered agent's	cess for the above stated limited liability c egistered agent and agree to act in this cap d complete performance of my duties, and len retary	acity. I further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same, title or cape	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.  Kristin Bolc  Assistant Seci  (Registered agent's	cess for the above stated limited liability congistered agent and agree to act in this caped complete performance of my duties, and len retary  signature)  ave authority to manage is/are:	acity. I further agree
Having been named as redesignated in this applicate to comply with the provision accept the obligations of the same, title or cape	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.  Kristin Bold  Assistant Seci (Registered agent's	cess for the above stated limited liability congistered agent and agree to act in this caped complete performance of my duties, and len retary  signature)  ave authority to manage is/are:	acity. I further agree
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Having been named as redesignated in this applicate to complywith the provision accept the obligations of research the name, title or cape Thomas T. Kivell, 1541 Research	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.  Kristin Bole  (Registered agent's  acity and address of the person(s) who has/h  Leynolds Road, Charlotte, MI 48813, At  of existence, no more than 90 days old, dul of which it is organized. (If the certificate is	cess for the above stated limited liability consistered agent and agree to act in this capilly complete performance of my duties, and len retary signature) save authority to manage is/are: sthorized Representative	acity. I further agree I am familiar with an

Typed or printed name of signee

Thomas T. Kivell



# Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SMEAL SFA, LLC

was validly organized on December 15, 2016 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 1425383

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 21st day of December, 2016

Julia Dale, Director

Corporations, Socurities & Commercial Licensing Bureau