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Certified Copies	Certificates	of Status
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Special Instructions	to Filing Officer:	

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02/10/17--01020--006 **87.50



K. SALY MAR - 2 2017



February 14, 2017

DAVID WOTHE PXL LLC 1 PARKLANE BLVD, STE. 1100 EAST DEARBORN, MI 48126

SUBJECT: PXL LLC

Ref. Number: W17000012857

We have received your document for PXL LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Letter Number: 317A00002913

Karen A Saly Regulatory Specialist II

www.sunbiz.org

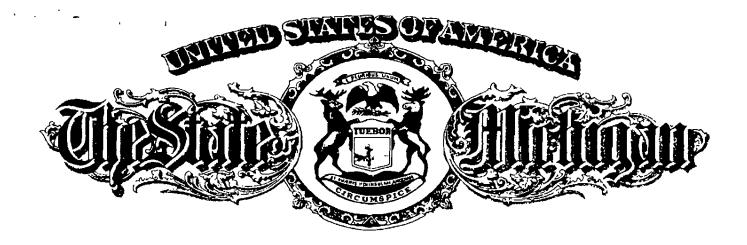
COVER LETTER

10.	Division of Corporation	s						
SUBJE	CT:	- LLC						
		Name of	Limited Liability	Company				
					ansact Business in Florida," (y company to transact busine		orida	
Please re	eturn all correspondence c	oncerning this matter to the	following:		<u> </u>	833		
		David	Wother ame of Person		(A) (A) (B) (B)	28 P		
		N	ame of Person			<u> </u>	,	
		PXL LLC/	Jackson	Daws	on Communication	13 = 13 13 = 13		
		F	irm/Company					
	Name of Person PXL LLC / Jackson Dawson Communications = Firm/Company 1 Parklane Blvd. Suite 1100 East Address							
			Addiess					
		Verborn, City/S	MI 48	126				
		City/S	State and Zip Code	;				
			e jacksona					
		E-mail address: (to be use	d for future annua	i report no	uncation)			
For furth	ner information concerning							
	David	Nother.	_at (3 1 3	_)5	593.0690 vtime Telephone Number			
	Name of	Contact Person	Area Code	: Day	time Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			Division	F ADDRESS: of Corporations ion Section Building			
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301			
Enclosed	d is a check for the followi	ng amount:			• /			
	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filis Certified Copy	_	\$160.00 Filing Fee, Cer of Status & Certified Copy	rificate y		
	Please of Egues	ent 87.50						



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 F COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY
PXLILC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	must include "Limited
2. Michigan (Jurisdiction under the law of which foreign limited liability 3. 81-2235403 (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	1
4. March 1, 2017	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 301 East Lake Woodlands, Svite 7	9. B
Oldsmar FL 34677 (Street Address of Principal Office)	多百つ
6. Parkline Blod, Ste 1100 East	FEB 28
Dearborn, MI 48126	THE PLANT
(Mailing Address)	10 cm
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	三三 5
Name: CT Corporation System	
Office Address: 1200 South Pine Island Road	
Plantation, Florida 33324 (City) (Zip code)	
(City) (Zip code)	,
Registered ugent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.	capacity. I further agree
By: Michael Scraphin Asst. Secretary	<i>,</i>
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
David Wothe - Assistant Controller	
Melissa Eruh - Payroll / HiR	
THEIR COM TAYING	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cujurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of to of the translator must be submitted)	stody of records in the he certificate under oath
1/an/A Detto	
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any f submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1.	alse information 55, F.S.
Tyrined or meinted name of nignee	



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PXL II LLC

was validly organized on April 27, 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.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of January, 2017

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau