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#### COVER LETTER

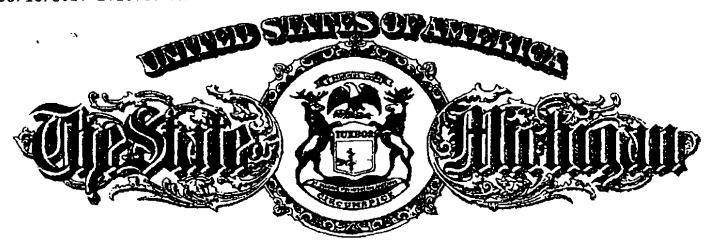
TO:	Registration Section Division of Corporations
SUBJI	Ivanhoe Management Company. LLC
30031	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	turn all correspondence concerning this matter to the following:
	Barbara S Shapiro
	Name of Person
	Ivanhoe Management Company, LLC
	Firm/Company
	20810 Botsford Dr Apt #3
	Address
	Farmington Hills, MI 48336
	City/State and Zip Code
	kbieri@ivanhoemanagement.com
	E-mail address: (to be used for future annual report notification)
For fu	er information concerning this matter, please call:
	Katie Bieri 248 420-4292
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Clifton Building  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 amount:  S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status 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 COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

it name unavailable, enter alternate n	ame adopted for the purpose of transacting business in I	florida. The alternate name must include "Limited E	irbdity Company," "L.L.C," or "LLC.")
Michigan		1 26-1330502	• • •
	hich foreign limited liability compa ty is organized)	J	mher, if applicable)
8/6/17			
··	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration )	<del></del>
20810 Botsford Dr #3		6 20810 Botsford Dr #3	
(Street Address of I	•	(Mailing A	ccress)
Farmington Hills, MI 4	8336	Farmington Hills, MI 483	336
. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
Name:	Katie Bieri		50 T
ranc.			19.5° - 1
Office Address:	11632 Tropical Isle Ln	· · · · · · · · · · · · · · · · · · ·	PE TO
	Riverview	, Florida 33579	- 10 F
	(City)	(Zip c	(ode)
laving been named as re esignated in this applica o comply with the provisi	tance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.	f process for the above stated limits as registered agent and agree to a er and complete performance of m	ed liability company at the place ct in this capacity. I further ag
laving been named as re esignated in this applica o comply with the provisi	tance: egistered agent and to accept service o tion, I hereby accept the appointment ions of all statutes relative to the prop	f process for the above stated limits as registered agent and agree to a er and complete performance of m	ed liability company at the plac ct in this capacity. I further ag
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Having been named as relesignated in this applicate to comply with the provise and accept the obligation.  8. The name, title or caparate or Capacity:  Director  (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be so.  0. This document is exec	stance:  legistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the proposes of my position as registered agent.  Registered agent active and address of the person(s) who Name and Address:  Barbara S Shapiro  20810 Botsford Dr #3  Parmington Hills, MI 48356  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)  uted in accordance with section 605.02	f process for the above stated limits as registered agent and agree to a der and complete performance of my signature)  has/have authority to manage is/are:  Title or Capacity:  Director  d. duly authenticated by the official ate is in a foreign language, a transless in a foreign language.	Name and Address:  Gary Shapiro  20810 Botsford Dr #3  Farmington Hills, MI 4833  having custody of records in the ation of the certificate under out are that any false information
Having been named as relesignated in this applicate to comply with the provise and accept the obligation.  8. The name, title or caparate or Capacity:  Director  (Use attachments if neces). Attached is a certificate urisdiction under the law of the translator must be so.  0. This document is exec	stance: legistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the proposes of my position as registered agent.  Registered agent active and address of the person(s) who Name and Address:  Barbara S Shapiro  20810 Botsford Dr #3  Parmington Hills, MI 48336  sary)  of existence, no more than 90 days old of which it is organized. (If the certific abmitted)	f process for the above stated limits as registered agent and agree to a ser and complete performance of my signature)  has/have authority to manage is/arc:  Title or Capacity:  Director  Director  I, duly authenticated by the official ate is in a foreign language, a transless in a foreign language.	Name and Address:  Gary Shapiro  20810 Botsford Dr #3  Farmington Hills, MI 4833  having custody of records in the ation of the certificate under out are that any false information

Typed or printed name of signee



# Department of Licensing and Regulatory Affairs Lansing, Michigan

This is to Certify That

### IVANHOE MANAGEMENT COMPANY, LLC

was validly organized on October 31, 2007 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 1463703

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of August, 2017

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau



August 30, 2017

BARBARA S SHAPIRO IVANHOE MANAGEMENT COMPANY, LLC 20810 BOTSFORD DR, APT. #3 FARMINGTON HILLS, MI 48336

SUBJECT: IVANHOE MANAGEMENT COMPANY, LLC

Ref. Number: W17000071449

We have received your document for IVANHOE MANAGEMENT COMPANY, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 017A00017948