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SEP S. S. PARKIES

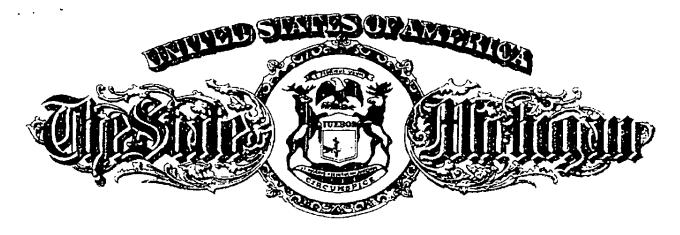
COVER LETTER

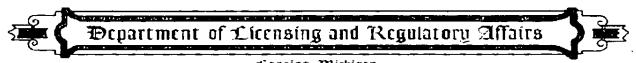
TO:	Registration Section Division of Corporation	s						
SUBJE	SEAS.NPR, LLC							
		Name of I	Limited Liability (Company				
The end Existen	closed "Application by Forece, and check are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida.		
Please	return all correspondence c	oncerning this matter to the	following:					
		Kurt	J. Parker, Esq.					
		Na	ame of Person					
Abbott, Thomson, Mauldin, Parker & Buer, PLC								
Firm/Company								
405 S. Jackson Street								
Address Jackson, Michigan 49204								
		•	@atbplclaw.com					
		E-mail address: (to be used	for future annual	report not	ification)			
For fur	ther information concerning	g this matter, please call:						
	Kurt J	. Parker	517 at ()	787-8570			
	Name o	f 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	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	S160.00 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If n	name unavailable, enter alternate na	arne adopted for the purpose of transacting business in	Florida The a	ilternate name must include "Limited Li-	ability Company," "L.L.C," or "LL	C.")	
	Michigan			82-2753457			
۷٠_	(Jurisdiction under the law of wh	nch foreign limited liability company is organized)	. د	(FE! mur	(FEI number, if applicable)		
4	September 25, 2017						
٦.	· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to det	r to registration	n) liability)			
5.	405 S. Jackson Street			P.O Box 700560			
	(Street Address of P			(Mailing Ad		•	
	Jackson, Michigan 492	01		Plymouth, Michigan 4817	0	-	
					~		
7.	Name and street addres	s of Florida registered agent: (P.O. E	Box <u>NOT</u>	acceptable)	2017 \$		
	Name:	Wilquin Muniz				\neg	
	Office Address:	7435 US Highway 19		. <u>. </u>	<u>ි</u> හි	FILED	
		New Port Richey		Florida 34652		(-)	
		(City)		, Florida 34652 (Zip co	de) @p	-	
an	d accept the obligations	s of my position as registered agent.		omplete performance of my		ur wun	
an	d accept the obligations	s of my position as registered agent. (Registered age	1k			ur wun	
		s of my position as registered agent.	nt's signature) has/have		Name and Address:		
	The name, title or capa	(Registered agent.	nt's signature) has/have	authority to manage is/are:			
	The name, title or capa Title or Capacity:	(Registered agent.) (Registered agent.) (Registered agent.) (Registered agent.) (Registered agent.)	nt's signature) has/have	authority to manage is/are:			
	The name, title or capa Title or Capacity:	Registered agent. (Registered agent. (Registered agent. Amerity and address of the person(s) who Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, MI 48170 Cynthia S. Watts	nt's signature) has/have	authority to manage is/are:	- 		
	The name, title or capa Title or Capacity: Member	Registered agent. (Registered agent. (Registered agent. Amerity and address of the person(s) who Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, MI 48170	nt's signature) has/have	authority to manage is/are:	- 		
8.	The name, title or capa Title or Capacity: Member	Registered agent. (Registered agent. (Registered agent. Registered agent. Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, MI 48170 Cynthia S. Watts P.O. Box 700560 Plymouth, MI 8170	nt's signature) has/have	authority to manage is/are:	- 		
8. (L. 9	The name, title or capa Title or Capacity: Member Member Jse attachments if necess Attached is a certificate	Registered agent. (Registered agent. (Registered agent. (Registered agent. Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, M1 48170 Cynthia S. Watts P.O. Box 700560 Plymouth, M1 8170 sary) of existence, no more than 90 days of which it is organized. (If the certifications)	has/have T	authority to manage is/are: itle or Capacity:	Name and Address:	in the	
8. 9. jur of	The name, title or capa Title or Capacity: Member Member Jee attachments if necess Attached is a certificate is diction under the law the translator must be su. This document is executed.	Registered agent. (Registered agent. (Registered agent. (Registered agent. Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, M1 48170 Cynthia S. Watts P.O. Box 700560 Plymouth, M1 8170 sary) of existence, no more than 90 days of which it is organized. (If the certifications)	id, duly au cate is in a	authority to manage is/are: itle or Capacity: othenticated by the official has foreign language, a transla	Name and Address: aving custody of records tion of the certificate under that any false informations.	in the	
8. 9. jur of	The name, title or capa Title or Capacity: Member Member Jee attachments if necess Attached is a certificate is diction under the law the translator must be su. This document is executed.	Registered agent. (Registered agent. (Registered agent. Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, MI 48170 Cynthia S. Watts P.O. Box 700560 Plymouth, MI 8170 sary) of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605.0 of the Department of State constitutes a	id, duly au cate is in a	authority to manage is/are: itle or Capacity: thenticated by the official has foreign language, a transla), Florida Statutes, 1 am awases felony as provided for in	Name and Address: aving custody of records tion of the certificate under that any false informations.	in the	
8. 9. jur of	The name, title or capa Title or Capacity: Member Member Jee attachments if necess Attached is a certificate is diction under the law the translator must be su. This document is executed.	Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent. (Registered agent. Name and Address: Darwin L. Watts, Jr. P.O. Box 700560 Plymouth, M1 48170 Cynthia S. Watts P.O. Box 700560 Plymouth, M1 8170 sary) of existence, no more than 90 days of which it is organized. (If the certification in accordance with section 605.0 of the Department of State constitutes a signal.	id, duly au cate is in a	authority to manage is/are: itle or Capacity: Athenticated by the official has foreign language, a translating fellony as provided for in orized person	Name and Address: aving custody of records tion of the certificate under that any false informations.	in the	





Lansing, Michigan

This is to Certify That

SEAS,NPR, LLC

was validly organized on August 21, 2017 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 onligations

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 1467717 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of September, 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau