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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone Fax Number : (702)866-2500 : (702)86G-2689

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Email Address: documents (0) incorp

Foreign Limited Liability Company North Industrial Machine, LLC

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COVER LETTER

TO:		ation Section n of Corporations						
		forth Industrial Machin	ie, LLC					
SUBJE	ст:		Name of Lin	nited Liability Co	mpany			
The end Existens	closed "A ce, and c	pplication by Foreign heck are submitted to r	Limited Liability Companiegister the above reference	y for Authorizati ed foreign limite	on to Transa d liability co	ct Business in Florid mpany to transact bi	in," Certificate o usiness in Florid	of la.
Please r	return all	correspondence conce	ming this matter to the fo	llowing:				
		Tana Vaughn						
			Nam	se of Person				
		InCorp Services, Inc	2.					
			Firm	√Сотралу				
		3773 Howard Hugh	es Pkwy, Ste 500S					
				Address				
		Las Vegas, NV 891	69					
•			City/Sta	te and Zip Codo				
		Documents@incorp.o						
		E-	mail address: (to be used	or future annual	report notific	cation)		
For fur	nther info	rmation concerning thi	is matter, please call:					
	Tona	Vaughn for InCorp Ser	rvices, Inc.	800 et (246-2677			
		Name of Co	ontact Person	Area Code	Daytin	ne Telephone Numb	er	
Ericlos	Divisi Regist P.O. E Tallah		\$130.00 Filing Fee &	■ \$155.00 Filin	Registration Clifton Buil 2661 Execu Tallahassee ng Fee & I	Corporations Section ding tive Center Circle	e Certificate	
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10:48:25 a

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

IN COMPLIANCE WITH SECTION 605/00D. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCY LIMITED LIABILITY. COMPLANTOTIR-INSACT BUSINESS IN THE STATE OF FLORIDA:

North Industrial Machin	.e., ELC mited Liability Company; must include "L	imited Liability Company.	<u>'"[[[[]" or :[[[]")</u>	
7 11- 4 4 4 4 4 4 4 4 4	are adopted for the purpose of transacting business	in Florida. The shemate name (must include "Limited Liabili	y Company, "I.L.C." or "LLC.")
	are and the property of the party of the par	3		
outh Carolina	ich kweiph lunsted liability company is onj-wated)		(FEI market	if applicable)
9/29/2017	(Date first immacted business in Florida, if pt (See sections 605 0904 & 605,0905, F.S. in a	nor to registration.)		
	(Ser sections 605 0704 & 605 0905, F.S. to c	letermine perulty liability)	1734	
133 W Carolina Ave		6. PO Eax	1734 (kladen Adder	4)
(Sures Address of)	'rmeipal Office)			
00.20550		Hartsvill	le, SC 29551	
Hartsville ,SC 29550				
Name and street address Name:	ss of Florida registered agent: (P.O. InCorp Services, Inc.	Box NOT acceptable	c,	
Office Address:	17888 67th Court North			
Office Vaniess:		-	Florida 33470	
	Loxabatchee (City)	·	(Zip code)
signated in this application of the contract o	stance: egistered agent and to accept service ation, I hereby accept the appointm stons of all statutes relative to the p is of my position as registered agen	roper and complete p	erformance of my	InCorp Services, Inc.
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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

NORTH INDUSTRIAL MACHINE, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on April 1st, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

TILED

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Given under my Hand and the Great Seal of the State of South Carolina this 11th day of October, 2017.

Mark Hammond, Secretary of State