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Registration Section Division of Corporations

TO:

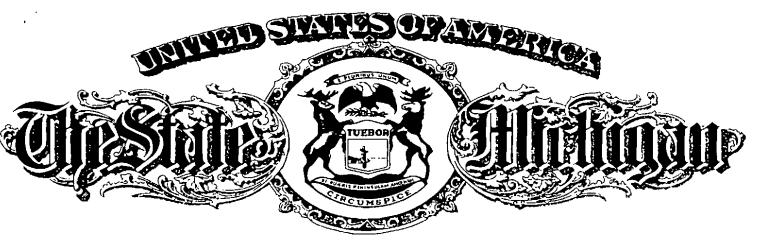
SUBJECT:	Zack Investments 1.					
			Limited Liability (Company		
					ansact Business in Florida," C y company to transact busines	
Please return	all correspondence	concerning this matter to the	following:			
	David B. Deuts	sch, Esq.				
		N:	ame of Person			
	Lipson Neilson					
		Fi	rm/Company			
	3910 Telegraph	n Road, Suite 200				
			Address			
	Bloomfield Hi	ls, Michigan 48302				
		City/S	tate and Zip Code		 	
	dalster@lipsonn					
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	nformation concerning	g this matter, please call:				
De	bra L. Alster		248 at (593-50		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations gistration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding reutive Center Circle ree, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(H'name unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Lim	nted Liability Company," "L.L.C," or "LLC	7.")
2 Michigan	·	2		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		El number, (f applicable)	
4	(Date first transacted business in Florida, if pr	nor to registration)	 	
22100 61	(See sections 605 0904 & 605,0905; F.S. to d	• •		
5. 22100 Sherwood Aver	Proposit Office)	6. 22100 Sherwood Ave	enue ing Address)	
Warren, Michigan 480		Warren, Michigan 48	•	
7. Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	DEC.	T
NI.	Daniel S. Zack		, , , , , , , , , , , , , , , , , , ,	-
Name:			, , , , , , , , , , , , , , , , , , ,	П
Office Address:	295 Lyman Road		- PH	\mathcal{C}
	Casselberry	Florida 3270	7	
		, rioriga		
designated in this applica to comply with the provise	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro	ent as registered agent and agree to oper and complete performance o	to act in this capacity. I furth	ier agree
Having been named as re designated in this applica to comply with the provise	ctance: egistered agent and to accept service tion, I hereby accept the appointme	ent as registered agent and agree to oper and complete performance of the complete per	mited liability company at the to act in this capacity. I furth	ier agree
Having been named as re designated in this applica to comply with the provise and accept the obligation	stance: registered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent.	ent as registered agent and agree to oper and complete performance of the complete permanent performance of the complete performance of the co	imited liability company at the to act in this capacity. I furth of my duties, and I am familia	ier agree
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation. 8. The name, title or capatitle or Capacity: Manager (Use attachments if neces) 9. Attached is a certificate	registered agent and to accept service registered agent and to accept service registered agent accept the appointment of all statutes relative to the prospect of my position as registered agent. (Restored accept the appointment of my position as registered agent. (Restored accept the appointment of my position as registered agent. (Restored accept the appointment of my position as registered agent. Name and Address: Nathan A. Zack 22100 Sherwood Avenue Warren, Michigan 48091 sary) of existence, no more than 90 days of which it is organized. (If the certification of the certification	ent as registered agent and agree to oper and complete performance of the operation of the	mited liability company at the to act in this capacity. I furth of my duties, and I am familial are: Name and Address: Daniel Zack 295 Lyman Road Casselberry , Florida Casselberry	in the

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ZACK INVESTMENTS LYMAN ROAD LLC

was validly authorized on November 15, 2017, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and 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 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 electronic transmission

Certificate Number: 17111599190

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of November, 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau