## M18000001796

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: - Registration Section
Division of Corporations

		Name of I	Limited Liability Company	
e enclosed ". istence, and	Application by For check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorization to Transced foreign limited liabili	ransact Business in Florida," Certificate ty company to transact business in Flori
ease return al	ll correspondence o	concerning this matter to the	following:	
	Clifford J. Dov	itz		
	<del></del>	Na	ame of Person	
	Versa Real Esta	ate		
		Fi	rm/Company	
	326 East Fourtl	Street, Suite 200		
	<del></del>		Address	
	Royal Oak, Mi	chigan 48067		
		City/S	tate and Zip Code	
	cliff@versacos.c			
		E-mail address: (to be used	for future annual report no	otification)
r further info	ormation concernir	g this matter, please call:		
Todd	A. Wyett		248 996-1 at ( )	081
<del></del>	Name o	of Contact Person		aytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building		
Tallai	hassee, FL 32314			secutive Center Circle ssee, FL 32301
	theck for the follow 25.00 Filing Fee	ying amount: 2 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate 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:

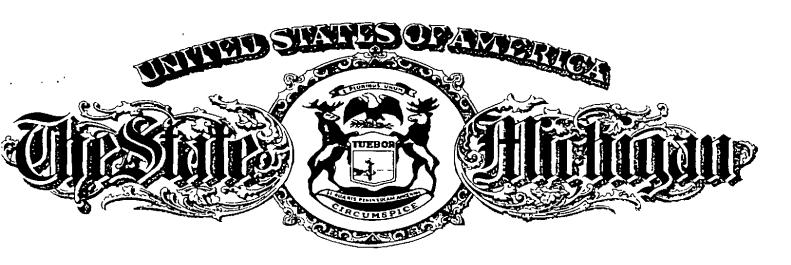
	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC	")
name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited	Liability Company," "L.L.C," or "LI.C.")
Michigan		3. 82-4150620	
	uch foreign limited liability company is organized)	(FEI no	umber, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) e penalty liability)	
326 East Fourth Street,	Suite 200	6. 326 East Fourth Street, S	Suite 200
(Street Address of F		(Mailing A	
Royal Oak, Michigan 4	8067	Royal Oak, Michigan 48	067
Name and street address Name:	s of Florida registered agent: (P.O. Box Gary Korn	NOT acceptable)	
Office Address:	20801 Biscayne Boulevard, Suite 501		<u></u>
Ave	Aventura	, Florida <u>33180</u>	
	(City)		code) C. A. PO
gistered agent's accep	tance: gistered agent and to accept service of p		S
comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.		
	(Registered agent's si	-	·
	(Registered agent's si acity and address of the person(s) who has Name and Address:	-	:: <u>Name and Address:</u>
The name, title or capa	acity and address of the person(s) who has	s/have authority to manage is/are	
The name, title or capa	acity and address of the person(s) who has  Name and Address:	s/have authority to manage is/are Title or Capacity: Manager of Manager	Name and Address:
The name, title or capa	Versa Manager III, LLC  326 E. Fourth Street. Suite 200 Royal Oak. MI 48067	s/have authority to manage is/are Title or Capacity: Manager of Manager	Name and Address:  Steven L. Robinson  326 E. Fourth Street, Suite
The name, title or capa <u>Title or Capacity:</u> Manager	Versa Manager III, LLC  326 E. Fourth Street. Suite 200 Royal Oak. MI 48067	s/have authority to manage is/are Title or Capacity:  Manager of Manager  Manager of Manager	Name and Address:  Steven L. Robinson  326 E. Fourth Street, Suite Roval Oak, MI 48067

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signoture of an authorized person

Clifford J. Dovitz.

Typed or printed name of signee



## Department of Licensing and Regulatory Affairs

censing and Regulatory Affairs Lansing, Michigan

This is to Certify That LOS RIOS FM, LLC

was validly authorized on February 5, 2018, 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 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 office given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18023409670

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of February, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.