M18800004571

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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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April 25, 2018

ALBERT M RODRIGUEZ 1182 OAK VALLEY DRIVE ANN ARBOR, MI 48108 US

SUBJECT: IMAGEMASTER PRINTING LLC

Ref. Number: W18000039012

We have received your document for IMAGEMASTER PRINTING 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):

The registered agent must sign accepting the designation.

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 the corrected original and one copy of 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.

Letter Number: 818A00008533

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

COVER LETTER

. . . .

TO:

то:	Registration of	on Section Corporations	r					
SUBJE		EMASTER PF	RINTING LLC					
30DJE	· · · · · · · · · · · · · · · · · · ·		Name of L	imited Liability C	Company			
The enc Existence	losed "Appl ce, and check	ication by Fore care submitted	ign Limited Liability Compa to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Florida," Co company to transact business	ertificate of s in Florida.	
Please r	eturn all cor	respondence co	oncerning this matter to the f	following:				
	А	LBERT M RO	DRIGUEZ					
	_		Na	me of Person	· · · · ·			
	11	мадемаѕте	R PRINTING LLC					
			Fir	m/Company				
	ì	182 OAK VAL	LEY DRIVE					
	Address							
	Α	NN ARBOR N	4I 48108					
			City/St	ate and Zip Code	 .			
	alb	ert@imagemas	ter.com					
			E-mail address: (to be used	for future annual	report noti	fication)		
For furt	her informat	ion concerning	this matter, please call:					
	Albert M I	Rodriguez		734 at (821-251	1		
		Name of	Contact Person	Area Code	Dayt	time Telephone Number		
	Division of Registration P.O. Box 6				Division of Registration Bu Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclose		for the following Filing Fee	ng amount: \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ific a te	

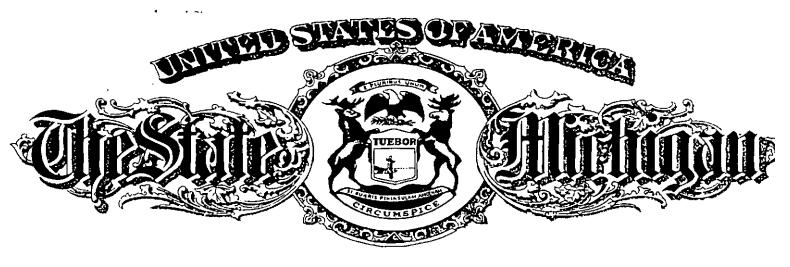
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

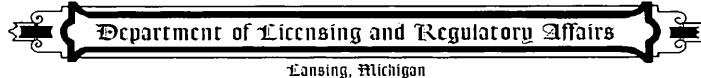
IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			212 0 201 C2 MIC25
	e name adopted for the purpose of transacting business in Flor		Liability Company, L.E.C. or LLC.
2. Michigan (Jurisdiction under the law of	which foreign limited liability company is organized)	3. 27-3194779 (FEI m	unber, if applicable)
4. 01/01/2018	(Date first transacted business in Florida, if prior to a	registration)	
	(See sections 605,0904 & 605,0905, F.S. to determine	ne penalty liability)	
5. 1182 Oak Valley Dr	VC of Principal Office)	6. 1182 Oak Valley Drive (Mailing A	ddraes
Ann Arbor MI 4810	•	Ann Arbor MI 48108	100(53)
	·		
7. Name and street add	ress of Florida registered agent: (P.O. Box	NOT acceptable)	TAHAN T
Name:	InCorp Services, Inc.		I C
Office Address	17888 67th Court North		AY 10 PH HASSEE, FL
	Loxahatchee	, Florida <u>33470</u>	
	(City)	(7in)	code)
designated in this appli	eptance: registered agent and to accept service of p cation, I hereby accept the appointment as	process for the above stated limit is registered agent and agree to a	ed liability company at the place ct in this capacity. I further agree
Having been named as designated in this appli to comply with the prov	eptance: registered agent and to accept service of p	process for the above stated limit is registered agent and agree to a	ed liability company at the place ct in this capacity. I further agree
Having been named as designated in this appli to comply with the prov	eptance: registered agent and to accept service of p cation, I hereby accept the appointment as isions of all statutes relative to the proper	process for the above stated limit is registered agent and agree to a and complete performance of m	ed liability company at the place ct in this capacity. I further agree
Having been named as designated in this applito comply with the provand accept the obligation	eptance: registered agent and to accept service of p cation, I hereby accept the appointment as isions of all statutes relative to the proper ons of my position as registered agent.	process for the above stated limits registered agent and agree to a and complete performance of m	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with
Having been named as designated in this applito comply with the provand accept the obligation. 8. The name, title or can accept the Capacity:	registered agent and to accept service of peation, I hereby accept the appointment assistence of all statutes relative to the proper ons of my position as registered agent. (Registered agent's a pacity and address of the person(s) who ha Name and Address:	process for the above stated limits registered agent and agree to a and complete performance of manage is/are	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with the liable in the liabl
Having been named as designated in this applito comply with the provand accept the obligation. 8. The name, title or ca	pacity and address of the person(s) who ha Name and Address: Albert M Rodriguez Albert M Rodriguez 1182 Oak Valley Drive	process for the above stated limits registered agent and agree to a and complete performance of manage is/are as/have authority to manage is/are Title or Capacity:	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Name and Address: Nicole M Rodriguez 1182 Oak Valley Drive
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Having been named as designated in this applite to comply with the provand accept the obligation. 8. The name, title or can a Title or Capacity: Manager (Use attachments if necessary).	eptance: registered agent and to accept service of petation, I hereby accept the appointment as isions of all statutes relative to the proper ons of my position as registered agent. (Registered agent's separately and address of the person(s) who has a Name and Address: Albert M Rodriguez 1182 Oak Valley Drive Ann Arbor, MI 48108 essary) te of existence, no more than 90 days old, of word which it is organized. (If the certificately of the cer	process for the above stated limits registered agent and agree to a and complete performance of managements. signature) as/have authority to manage is/are Title or Capacity: Officer duly authenticated by the official	ed liability company at the place ct in this capacity. I further agree by duties, and I am familiar with Name and Address: Nicole M Rodriguez 1182 Oak Valley Drive Ann Arbor, MI 48108

Typed or printed name of signee

Albert M Rodriguez





This is to Certify That

IMAGEMASTER PRINTING, LLC

was validly authorized on July 29, 2010, 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

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Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 1st day of May, 2018.

Certificate Number: 18054929770