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#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	MEC Distribution, I	LC					
SUBJECT.		Name of I	Limited Liability (	Company		_	
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence c	oncerning this matter to the	following:				
	Margaret Mauti						
	<del> </del>	N	ame of Person			-	
	Mandaree Enter	prises. LLC					
	Firm/Company						
	2525 S Telegra	ph Rd Suite 306					
	<del></del> -		Address			-	
	Bloomfield Hill	s. MI 48302					
	City/State and Zip Code						
	margaret.mauti@	daesung-mandaree.com					
	<del></del>	E-mail address: (to be used	d for future annual	report noti	ification)	-	
For further in	nformation concerning	this matter, please call:					
Ma	rgaret Mauti		248 at (	499-924	43		
	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	-	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Be 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigsize \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee. Cof Status & Certified Co		

#### 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:

	ame adopted for the purpose of transacting business in Flo		Liability Company, "E.L.C., or "L.C.			
orth Dakota	hich foreign limited liability company is organized)	3. 75-3209807	number, if applicable)			
(Milistration which the 124 of W	men to reign marce mently company is organized,	(· 1-1 · ·	and the same of th			
	(Date first transacted business in Florida, if prior to	maistration \				
	(See sections 605.0904 & 605.0905, F.S. to determine	ine penalty liability)				
3949 Hwy 8		6. 13246 S RT 59 Ste 208				
(Street Address of I New Town, ND	Principal Office)	Plainfield, IL	Address)			
<u> </u>		60585				
58763		00383	6.7			
			المنافقة ا المنافقة المنافقة ا			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	NRAI Services, Inc		100 3 mm			
055 444	1200 South Pine Island Road					
Office Address:	1200 004111 1110 1011111 110111		તાંડ: <u>ક્ર~</u> જા ∷			
	Plantation	, Florida 33324	<u></u>			
istered agent's accep	(City)	(Zip	code)			
	gistered agent and to accept service of p	process for the above stated limit				
	s of my position as registered agent.					
	- i ( )	e Bell, Asst Secretary				
	- i ( )	<del></del>				
	Lanise Bell Denis	signature)				
The name, title or capa Title or Capacity:	Lenise Bell Denise (Registered agent's	signature)	:: Name and Address:			
	(Registered agent's acity and address of the person(s) who have and Address:  Patrick O'Berry	signature) as/have authority to manage is/are Title or Capacity:				
Title or Capacity:	(Registered agent's acity and address of the person(s) who have a new Address:  Patrick O'Berry  3949 Hwy 8, New Town ND	signature) as/have authority to manage is/are Title or Capacity:				
Title or Capacity:	(Registered agent's acity and address of the person(s) who have and Address:  Patrick O'Berry	signature) as/have authority to manage is/are Title or Capacity:				
Title or Capacity: Pres/Mgr	Registered agent's acity and address of the person(s) who has Name and Address:  Patrick O'Berry  3949 Hwy 8, New Town ND 58763	signature) as/have authority to manage is/are Title or Capacity:				
Title or Capacity:	(Registered agent's acity and address of the person(s) who have a new Address:  Patrick O'Berry  3949 Hwy 8, New Town ND	signature) us/have authority to manage is/are Title or Capacity:				
Title or Capacity: Pres/Mgr	Registered agent's acity and address of the person(s) who has Name and Address:  Patrick O'Berry  3949 Hwy 8, New Town ND 58763  Harriet Goodiron	signature) us/have authority to manage is/are Title or Capacity:				
Title or Capacity: Pres/Mgr  Sec/Treas	Registered agent's acity and address of the person(s) who has Name and Address:  Patrick O'Berry  3949 Hwy 8, New Town ND 58763  Harriet Goodiron  3949 Hwy 8, New Town, ND 58763	signature) us/have authority to manage is/are Title or Capacity:				
Title or Capacity:  Pres/Mgr  Sec/Treas  se attachments if neces	Registered agent's acity and address of the person(s) who has a Name and Address:  Patrick O'Berry  3949 Hwy 8, New Town ND 58763  Harriet Goodiron  3949 Hwy 8, New Town, ND 58763  sary)	signature) us/have authority to manage is/are Title or Capacity:	Name and Address:			
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Title or Capacity:  Pres/Mgr  Sec/Treas  Sec attachments if neces  Attached is a certificate sdiction under the law he translator must be se	Registered agent's acity and address of the person(s) who has a Name and Address:  Patrick O'Berry  3949 Hwy 8, New Town ND 58763  Harriet Goodiron  3949 Hwy 8, New Town, ND 58763  sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	signature)  Is/have authority to manage is/are  Title or Capacity:  duly authenticated by the official e is in a foreign language, a trans	having custody of records in lation of the certificate unde			
Title or Capacity:  Pres/Mgr  Sec/Treas  See attachments if neces Attached is a certificate sdiction under the law he translator must be sure this document is exec	Registered agent's (Registered agent's acity and address of the person(s) who has Name and Address:  Patrick O'Berry  3949 Hwy 8, New Town ND 58763  Harriet Goodiron  3949 Hwy 8, New Town, ND 58763  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)  uted in accordance with section 605.0203	duly authenticated by the official is in a foreign language, a trans	having custody of records in lation of the certificate under ware that any false information			
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Typed or printed name of signee

CANTA A TATA A TATA

# State of North Dakota SECRETARY OF STATE



### CERTIFICATE OF GOOD STANDING OF

MEC DISTRIBUTION, LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that MEC DISTRIBUTION, LLC, a FOREIGN LIMITED LIABILITY COMPANY, authorized to transact business in the State of North Dakota on May 9, 2006, and according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a FOREIGN LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

MEC DISTRIBUTION, LLC

Issued: April 25, 2018

Alvin A. Jaeger Secretary of State