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J. LEGGETT JUN 01 2018

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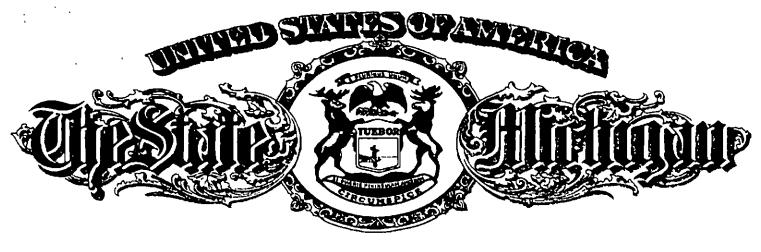
TO:	Registration Section Division of Corporations
SUBJE	Supply Line International OE, LLC
SOBJE	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Ari Berris
	Name of Person
	Supply Line International
	Firm/Company
	42350 Grand River Ave
	Address
	Novi, MI 48375
	City/State and Zip Code
	legal@sliauto.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Ari Berris 248 at () Name of Contact Person Area Code Daytime Telephone Number
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	ed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

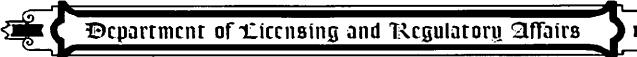
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

(Name of Poleign	Limited Liability Company; must include "Limite	o maonicy Company, L.L.C., or LLC.)	
	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC.")
Michigan	high foreign limited liability company is organized)	3	er, it applicable)
(Jurisdiction under the law of w	nich toreign ilmited hability company is organized)	(rei nume	er, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 005.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)	
Supply Line Internation	onal OE, LLC	6. Supply Line International C	DE, LLC
(Street Address of I	Principal Office)	(Mailing Addi	
42350 Grand River Av		42350 Grand River Ave	
Novi, Michigan 48375		Novi, Michigan 48375	. 3
			7,7,5
Name and street_address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Registered Agents, Inc.		# 19 man
rame.		_ _	
Office Address:	3030 N. Rocky Point Dr, Ste 150A		ع 🚉
	Tampa	, Florida <u>33607</u>	
	(City)	(Zîp code	
comply with the provisi	ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	and complete performance of my o	in this capacity. I further
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. /s/ Bil Havi	s registered agent and agree to act and complete performance of my o	in this capacity. I further
comply with the provisi	ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to act and complete performance of my o	in this capacity. I further
comply with the provisi d accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Havi	s registered agent and agree to act and complete performance of my o rc	in this capacity. I further
comply with the provisi d accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's sacity and address of the person(s) who ha Name and Address:	s registered agent and agree to act and complete performance of my o re signature) ss/have authority to manage is/are:	in this capacity. I further duties, and I am familiar v
comply with the provisi d accept the obligation. The name, title or capa	tion, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical address of the person(s) who hat Name and Address: Josh Kaplan 42350 Grand River Ave	s registered agent and agree to act and complete performance of my o re signature) ss/have authority to manage is/are:	in this capacity. I further duties, and I am familiar v
comply with the provision of accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's state) acity and address of the person(s) who ha Name and Address: Josh Kaplan	s registered agent and agree to act and complete performance of my o re signature) ss/have authority to manage is/are:	in this capacity. I further duties, and I am familiar v
comply with the provisi d accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical address of the person(s) who hat Name and Address: Josh Kaplan 42350 Grand River Ave	s registered agent and agree to act and complete performance of my o re signature) ss/have authority to manage is/are:	in this capacity. I further duties, and I am familiar v
comply with the provisi d accept the obligation. The name, title or capa Title or Capacity:	tion, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical address of the person(s) who hat Name and Address: Josh Kaplan 42350 Grand River Ave	s registered agent and agree to act and complete performance of my o re signature) ss/have authority to manage is/are:	in this capacity. I further duties, and I am familiar v
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comply with the provision of accept the obligation. The name, title or capa Title or Capacity: Manager	tion, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical active and address of the person(s) who hate Name and Address: Josh Kaplan 42350 Grand River Ave Novi. M1 48375	s registered agent and agree to act and complete performance of my o re signature) ss/have authority to manage is/are:	in this capacity. I further duties, and I am familiar v
The name, title or capa Title or Capacity: Manager	acity and address of the person(s) who ha Name and Address: Josh Kaplan 42350 Grand River Ave Novi, M1 48375	s registered agent and agree to act and complete performance of my or resignature) ss/have authority to manage is/are: Title or Capacity:	in this capacity. I further duties, and I am familiar v
The name, title or capa Title or Capacity: Manager Jse attachments if neces	tion, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical agent's statistic	s registered agent and agree to act and complete performance of my designature) ss/have authority to manage is/are: Title or Capacity:	in this capacity. I further duties, and I am familiar v
The name, title or capa Title or Capacity: Manager Attached is a certificate isdiction under the law the translator must be seed. This document is exec	tion, I hereby accept the appointment assions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical agent's statistic	s registered agent and agree to act and complete performance of my designature) ss/have authority to manage is/are: Title or Capacity: duly authenticated by the official hase is in a foreign language, a translation of the complete of t	in this capacity. I further duties, and I am familiar of Mame and Address: Name and Address: ving custody of records in ion of the certificate under that any false information
The name, title or capa Title or Capacity: Manager Attached is a certificate isdiction under the law the translator must be seed. This document is exec	tion, I hereby accept the appointment actions of all statutes relative to the proper s of my position as registered agent. /s/ Bil Have (Registered agent's statistical agent's statistic	s registered agent and agree to act and complete performance of my designature) ss/have authority to manage is/are: Title or Capacity: duly authenticated by the official hase is in a foreign language, a translation of the complete of t	in this capacity. I further duties, and I am familiar of Mame and Address: Name and Address: ving custody of records in ion of the certificate under that any false information

Typed or printed name of signee





Lansing, Milichigan

This is to Certify That SUPPLY LINE INTERNATIONAL OF, LLC

was validly authorized on October 10, 2013, 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

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 30th day of May. 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 18055541490