(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nami	e)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
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### COVER LETTER

	gistration Section vision of Corporation	ns			
SUBJECT:	CIMA Consulting C	Group, LLC			
SUBJECT.		Name of	Limited Liability (	Company	
					unsact Business in Florida," Certificate of company to transact business in Florida.
Please return	all correspondence	concerning this matter to the	following:		
	Scott Foreman				
		N	lame of Person		<del></del>
	CIMA Consult	ing Group, LLC			
		F	irm/Company		
	17266 Tower I	Drive			
	<del></del>		Address		
	Macomb, MI 4	8044			
		City/S	State and Zip Code		<u> </u>
	sforeman@cima	_			
		E-mail address: (to be use	d for future annual	report not	ification)
For further i	nformation concerning	g this matter, please call:			
Sco	ott Foreman		586 at (	703-	1471
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$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 605.0002. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

COMPANY TO TRANSACT BU	JSINESS IN THE STATE OF FLORIDA:			
1 CIMA Consulting Grou	up, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must includ	ited Liability Co.	npany," "I. L.C.," or "LLC "	)
//C	name adopted for the purpose of transacting business in	Florida. The alterna	te name must include "Limited Lin	ability Company," "L.L.C," or "LLC")
	taine adopted for the purpose of mansacting counters in		-4536168 (Federal EIN	
2. State of Michigan  (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. <u>20</u>	(FEI num	iber, if applicable)
4. <u>N/A</u>	(Date first transacted business in Florida, if prior	to registration ]		
	(See sections 605 0904 & 605 0905, F.S. to dete	mine penalty habit		
5. 17266 Tower Drive (Street Address of	O (MC)	6. <u>Sa</u>	Mailing Ad-	dress)
Macomb, MI 48044	етпеция Сипсеу			,
<del></del>				
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acce	ptable)	
	John Casciano			
Name:	your casciano			4
Office Address:	98 Burnt Pine Drive			S
	Naples		Florida <u>34119</u> (Zip co	de)
	(City)		(Zip co	de) 55 72 5
to comply with the provis	ttion, I hereby accept the appointmentions of all statutes relative to the propies of my position as registered agent.	er and comp	lete performance of my	duties, and lang-familian with
	(Registered ager	it's signature)		
8. The name, title or cap	acity and address of the person(s) who	has/have auth	nority to manage is/are:	
Title or Capacity:	Name and Address:		or Capacity:	Name and Address:
CFO	Scott Foreman	Mart	ha Forema	President/CEO
<del></del>	17266 Tower Drive		<del></del>	17266 Tower Drive Macomb, MI 48044
	Macomb, MI 48044	<u></u>		Widcomo, Wit 400 F
	<del></del>			
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 days of which it is organized. (If the certification)	d, duly auther cate is in a for	nticated by the official h reign language, a transla	naving custody of records in the ation of the certificate under oath
10. This document is exec				
submitted in a document t	cuted in accordance with section 605.0 to the Department of State constitutes a	third degree	felony as provided for it	are that any false information n s.817.155, F.S.
submitted in a document t	cuted in accordance with section 605.0 to the Department of State constitutes a Scott Foreman	third degree	felony as provided for it	are that any false information n s.817.155, F.S.

Typed or printed name of signee

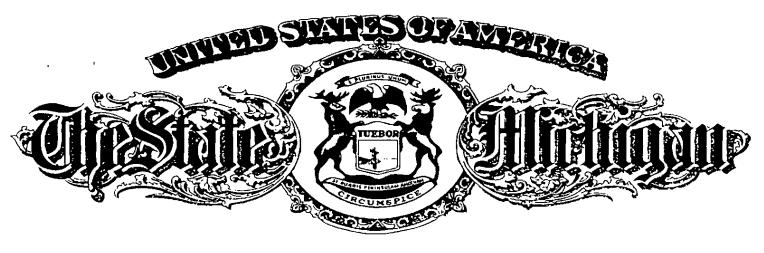
Scott Foreman / CFO at CIMA Consulting Group, LLC

### 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:

2. State of Michigan  (Junsduction under the law of which foreign limited liability company is organized)  (Junsduction under the law of which foreign limited liability company is organized)  (Junsduction under the law of which foreign limited liability company is organized)  (Junsduction under the law of which foreign limited liability company is organized)  (Junsduction under the law of which foreign limited liability company is organized)  (Junsduction under the law of which foreign limited liability company is organized)  (Junsduction under the law of which foreign limited liability company is organized)  (Street Address of Finance)  (Street Address of Finance)  (Street Address of Finance)  (Mailing Address)  (Mailing Address)  (Mailing Address)  Name:  John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (City)  (	State of Michigan  (Duradiction under the law of which foreign Immed flability company is organized)  (PEI number, of applicable)  N/A  (Date first transacted business in Florals, if prior to registration.) (See sections 695 9994 & 605 9995, F.S. to determine penalty labelity)  17266 Tower Drive (Sireet Address of Principal Office)  Macomb, MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Naples  Naples  Florida  (City)  (City	State of Michigan  (Jurisdiction under the law of which foreign himsel liability company is organized)  N/A  (Date first transacted business in Florida, if prior to registration.)  (See sections 605,0904 & 605,0905, F.S. to determine peralty liability)  17266 Tower Drive  (Street Address of Principal Office)  Name: John Casciano  Office Address:  98 Burnt Pine Drive  Naples  Naples  (City)  (Cit	State of Michigan  (Junidiction under the law of which foreign himited liability company is organized)  N/A  (Date first transacted business in Florida; if prior to registration.) (New sections 605,0904 & 605,0905; F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Name:  John Casciano  Office Address:  Naples  (City)  Tip code:  Naples  Registered agent and to accept service of process for the above stated limited liability company at the plesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	State of Michigan  (Junidiction under the law of which foreign himited liability company is organized)  N/A  (Date first transacted business in Florida, if prior to registration.) (New sections 605,9961 & 605,9905, F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  (Maiding Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Naples  (City)  (City)  Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated limited liability company at the plessing aded in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent.  (Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	State of Michigan  (Juridiction under the law of which foreign hunted liability company is organized)  N/A  (Date first transacted business in Florida, if prior to registration.)  (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  Macomb. MI 48044  Name:  John Casciano  Office Address:  Name:  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Name:  Name and street address:  Plorida address:  Name and street address:  (City)  Naples  Florida address:  Naples  Florida address of the above stated limited liability company at the plesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)  (Registered agent's signature)	State of Michigan  (Jurisduction under the law of which foreign limited liability company is organized)  N/A  (Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0903, F.S. to determine penalty hability)  17266 Tower Drive  (Street Address of Principal Office)  Name: Indicated address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (City)  (City	State of Michigan  (Jurisduction under the law of which foreign limited liability company is organized)  N/A  (Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0903, F.S. to determine penalty hability)  17266 Tower Drive  (Street Address of Principal Office)  Name: Indicated address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (City)  (City	State of Michigan  (Junidiction under the law of which foreign limited liability company is organized)  N/A  (Date first immediated business in Florida, if prior to registration.)  (Sixes exclusive 05,0904 & 05,0905, F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  Macomb. MI 48044  Name:  John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (Gity)	Ourselection under the law of which foreign limited liability company is organized
(City)  Comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familian ned accept the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent stratus)  (Registered agent stratus)  (Registered agent or capacity and address of the person(s) who has/have authority to manage is/are:	Clare that the law of which foreign limited liability company is organized	(FEI number, if applicable)  N/A  (Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 605,0905, F.S. to determine penalty liability.)  17266 Tower Drive (Street Address of Principal Office)  Macomb. MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Naples  Florida  Same  (Mailing Address)  Name:  John Casciano  Office Address:  Naples  Florida 34119  (Zip code)  (Zip code)  Singulated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	(PEl number, if applicable)  N/A  (Date first transacted business in Florida, if prior to regutation) (Date first transacted business in Florida, if prior to regutation) (Date first transacted business in Florida, if prior to regutation) (Date first transacted business in Florida, if prior to regutation) (Date first transacted business in Florida, if prior to regutation) (See sections 605.0904 & 605.0905, E.S. to determine penalty liability)  17266 Tower Drive (Same (Mading Address)  Name: John Casciano  98 Burnt Pine Drive  Naples  (City)  (Ci	(PEI number, if applicable)  N/A  (Date first transacted business in Florida, if prior to regutation.) (Date first transacted business in Florida, if prior to regutation.) (Date first transacted business in Florida, if prior to regutation.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  17266 Tower Drive  (Same  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (City)  (Ci	(FEI number, if applicable)  N/A  (Date first transacted business in Florida, if prior to registration.) (Ner sections 605,0904 & 605,0905, F.S. to determine penalty liability)  17266 Tower Drive (Street Address of Principal Office)  Macomb. MI 48044  Name: John Casciano  Office Address:    Name   John Casciano	District Address of Principal Collection and Street Address of Principal Collection	District Address of Principal Collection and Street Address of Principal Collection	(PEI number, if applicable)  N/A  (Date first transacted business in Florida, if prior to registration.) (Nee sections 605,0904 & 605,0905, F.S. to determine penalty hability)  17266 Tower Drive  (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Name:  Office Address:  Naples  (City)  (Cit	(City)  (FEI number, if applicable)  (FEI number, if applicable)  N/A  (Date first transacted business in Florida, if prior to registration.) (Nee sections 605,0904 & 605,0905, F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  Macomb. MI 48044  (Mailing Address)  Name:  John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (City)  (City
(Date first transacted basiness in Florida, (Eprior to registration.) (Stee sections 605,0904 & 605,0905, F.S. to determine penalty labelity)  17266 Tower Drive (Street Address of Principal Office) (Mathing Address)  Macomb. MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:  Naples  (City)  (City	(Date first transacted business in Florida, if prior to registration.) (Nee sections 605,0904 & 605,0905, F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  Macomb. MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:  Naples  (City)  Naples  (City)  (City)  Florida  (City)  (City)  Florida  (City)  (Ci	Date first transacted business in Florida, if prior to registration.)   (See sections 605,0904 & 605,0905, E.S. to determine penalty liability.)   17266 Tower Drive	Date first transacted besiness in Florida, if prior to registration.)   (Ner sections 605,0904 & 605,0905, F.S. to determine penalty liability)   17266 Tower Drive	Date first transacted business in Florida, if prior to registration.)   (Nee sections 605,0904 & 605,0905, E.S. to determine penalty liability)   17266 Tower Drive	(Ner sectors 015.0904 & 605.0905, F.S. to determine penalty liability)  17266 Tower Drive (Street Address of Principal Office) (Street Address of Principal Office) (Maching Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:  98 Burnt Pine Drive  Naples  (City)  Florida 34119  (Zip cide)  Legistered agent's acceptance:  Laving been named as registered agent and to accept service of process for the above stated limited liability company at the processing of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Date first transacted business in Florida. If prior to registration.)   New Sections 605,0904 & 605,0905, F.S. to determine penalty hability.)   17266 Tower Drive	Date first transacted business in Florida. If prior to registration.)   New Sections 605,0904 & 605,0905, F.S. to determine penalty hability.)   17266 Tower Drive	NA   (Dair first transacted business in Florida, if prior to registration.)   (Street Address of Principal Office)   (Street Address of Principal Office)   (Mailing Address)	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)   Name:   John Casciano
Comply with the provisions of all statutes relative to the person(s) who has/have authority to manage is/are:	Date first transacted business in Plorida, if prior to registration.]   (See sections 605,0904 & 605,0905, F.S. to determine penalty lability)	Date first transacted besiness in Florida, if prior to registration.]   See sections 605.0904 & 605.0905, F.S. to determine penalty liability.]   17266 Tower Drive	Date first transacted besiness in Florida, if prior to registration.]   See sections 605.0904 & 605.0905, F.S. to determine penalty liability.]   17266 Tower Drive	Date first transacted business in Florida, if prior to registration	Date first transacted besiness in Florida, if prior to registration.]   See sections 605.0904 & 605.0905, F.S. to determine penalty liability.]   17266 Tower Drive	Date first transacted besiness in Florida, if prior to registration.]   Nee sections 603 0904 & 603 0903, F.S. to determine penalty liability.]   17266 Tower Drive	Date first transacted besiness in Florida, if prior to registration.]   Nee sections 603 0904 & 603 0903, F.S. to determine penalty liability.]   17266 Tower Drive	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty labelity)  17266 Tower Drive  (Street Address of Principal Office)  Macomb. MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  98 Burnt Pine Drive  Naples  Florida 34119  (City)  (	(Date first transacted business in Florida, if prior to registration.) (Nee sections 605 0904 & 605 0905, F.S. to determine penalty hability)  17266 Tower Drive (Street Address of Principal Office)  Macomb. MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Naples  (City)  (City)
Date first transacted business in Florida, if prior to registration.]   (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	Date first transacted business in Plorida, if prior to registration.]   (See sections 605,0904 & 605,0905, F.S. to determine penalty lability)	Date first transacted besiness in Florida, if prior to registration.]   See sections 603,0904 & 603,0903, F.S. to determine penalty liability.]   17266 Tower Drive	Date first transacted besiness in Florida, if prior to registration.]   See sections 603,0904 & 603,0903, F.S. to determine penalty liability.]   17266 Tower Drive	(Date first transacted business in Florida, if prior to registration.)  17266 Tower Drive  (Street Address of Principal Office)  Macomb, MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Naples  Florida 34119  (Zip code)  (Zip code)  aving been named as registered agent and to accept service of process for the above stated limited liability compateral the places against the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wind accept the obligations of my position as registered agent.  (Registered agent.)	Date first transacted besiness in Florida, if prior to registration.]   See sections 603,0904 & 603,0903, F.S. to determine penalty liability.]   17266 Tower Drive	[Date first transacted business in Florida, if prior to registration.]  [See sections 605,0904 & 605,0905, F.S. to determine penalty hability)  [Street Address of Principal Office]  [Mailing Address]  [Mailing Address at the property of t	[Date first transacted business in Florida, if prior to registration.]  [See sections 605,0904 & 605,0905, F.S. to determine penalty hability)  [Street Address of Principal Office]  [Mailing Address]  [Mailing Address at the property of t	(Date first transacted business in Florida, if prior to registration in See sections 605 0904 & 605 0905, F.S. to determine penalty liability)  17266 Tower Drive  (Street Address of Principal Office)  Macomb, MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:    Name	(Date first transacted bisiness in Florida, (Eprior to registration.) (Nee sections 605 0904 & 605 0905, F.S. to determine penalty hability)  17266 Tower Drive (Street Address of Principal Office)  Macomb. MI 48044  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  John Casciano  Office Address:  Naples  (City)
Name and street address of Photopal Office)   Name:   John Casciano	Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples  Plorida gent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability comparent the proper and accept the obligations of my position as registered agent.  (Registered agent.)  The name, title or capacity: Name and Address:  Name and Address: Name and Address:  Name and Address: Title or Capacity: Name and Address:  Name and Address: Title or Capacity: Name and Address:  Martha Forema  Martha For	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plant signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plant signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plant signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plant signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plant signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at the plant signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:  98 Burnt Pine Drive  Naples  Florida  (Ciny)  (C	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address:   Naples Florida 34119  Naples Florida in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.  Office Address: Same (Mailing Address)  (Mailing Address)  (Mailing Address)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  (Ciny) (Zip code)  Agricultural diability compatibility accepts the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiant accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples Florida 34119  (City) (Zip code)  Private agent's acceptance: aving been named as registered agent and to accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in accept the obligations of my position as registered agent.  (Registered agent's signature)  Title or Capacity: Name and Address:  President/CEO	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: John Casciano  Office Address: 98 Burnt Pine Drive  Naples . Florida 34119  (City) (Zip code)  Signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further accomply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	Name and street address of Florida registered agent: (P.O. 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# Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

CIMA CONSULTING GROUP LLC

was validly authorized on April 27, 2016, 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: 18076623850

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of July, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau