M18000010351

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| | | |
| (Ad | dress) | |
| | | |
| Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | #) |
| | WA!T | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Office Use Onl | v |



12 NO 19 PH 3: 14 Trille 1 1 A I A 1198 - 2004

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:

· · · ·

. ,

11/19/2018

an DU

Acc#I20160000072

| Name: | E&A PROPERTY MANAGEMENT LLC |
|-------------|-----------------------------|
| Document #: | |
| Order #: | 11261963 |

| Certified Copy of Arts & Amend: | | |
|------------------------------------|-------------------------|--|
| Plain Copy: | | |
| Certificate of Good Standing: | | |
| | | |
| Apostille/Notarial | Country of Destination: | |
| Certification: | Number of Certs: | |

| Filing: 🗸 | Certified: 🖌 | |
|-----------|--------------|--|
| | Plain: | |
| | COGS: | |

| Availability | |
|---------------------------------------|-------------------|
| Document | Amount: \$ 155.00 |
| Examiner | |
| Updater | |
| Verifier | |
| W.P. Verifier | |
| Ref# | |
| · · · · · · · · · · · · · · · · · · · | |
| | (Thank you!) |

| . , | | | | | | |
|------------------|---------------------------------------|--|------------------------|------------|---|--|
| | | co | OVER LETTER | | | |
| | tration Section ion of Corporatio | ns | | | | |
| | - | | | | | |
| SUBJECT: _ | i&A Property Man | | | | | |
| | | Name of | Limited Liability Co | mpany | | |
| | | | | | isact Business in Florida," Certificate of company to transact business in Florida. | |
| Please return a | ll correspondence | concerning this matter to the | e following: | | | |
| | Susan R. McM | aster | | | | |
| | | N | lame of Person | | · · · · · · · · · · · · · · · · · · · | |
| | Jaffe Raitt | | | | | |
| | | F | firm/Company | | | |
| | 27777 Frankliv | n Road, Suite 2500 | | | | |
| | | | Address | | · <u>····································</u> | |
| | | 1007.4 | | | | |
| | Southfield, MI | | | | | |
| | | | State and Zip Code | | | |
| | smcmaster@jaff | | | | | |
| | | E-mail address: (to be use | ed for future annual r | eport noti | fication) | |
| For further info | ormation concernit | ng this matter, please call: | | | | |
| Susai | n R. McMaster | | 248 at (| 727-148 | 5 | |
| | Name | of Contact Person | Area Code | Dayt | ime Telephone Number | |
| | LING ADDRESS | | | | ADDRESS: | |
| | ion of Corporation tration Section | S | | | of Corporations on Section | |
| P.O. I | Box 6327 | | (| Clifton Bu | lilding | |
| Tailai | hassee, FL 32314 | | | | cutive Center Circle cc, FL 32301 | |
| Enclosed is a s | heck for the follow | ving amount: | 、 、 | | | |
| Enclosed is a c | | | \$155.00 Filing | Fee & | 🗇 \$160.00 Filing Fee, Certificate | |
| | 25.00 Filing Fee | □ \$130.00 Filing Fee & Certificate of Status | Artified Copy | 100 10 | of Status & Certified Copy | |

:

: i -.

:

I. ; :

•

| | APPLICATION BY FO | DREIGN LIMITED LIABILITY I | COMPANY I N FLORIDA | FOR AUTHORIZATION | TO TRANSACT BUSINESS |
|--------------------------|---|--|---|---|---|
| | | 'HON 605.0902, FLORIDA STATUTES, T ISINESS INTHE STATE OF FLORIDA: | TIE FOLLOWIN | G IS SUBMITTED TO RECIST. | ER A FOREIGN-LIMITED LIABILITY |
| | E&A Property Manage | ment, LLC Limited Liability Company; must include " | | | |
| | (Name of Foreign E&A Property Ventures L | | Limited Liability | Company," "I. IC.," or "LLC.") | |
| ٢ | | nine adopted for the purpose of transacting busines | s in Florida. The alte | imate name must include "Limited Liab | ility Company," "L.E.C," or "LEC.") |
| | Michigan | | 2 | N7/A | |
| | (Jurisdiction under the law of w | hich foreign limited liability company is organized) | | (FEI numb | er, if applicable) |
| | Upon Filing | | | | |
| | | (Date first transacted business in Florida, if) (See sections 505.0904 & 603.0905, F.S. to | prior to registration.) determine penalty li | ability) | |
| | 4455 S. Bay Dr. (Street Address of F | ······································ | 6 | 4455 S. Bay Dr. (Mailing Addi | |
| | (Street Address of F Orchard Lake, MI 483 | | | (Mailing Add Orchard Lake, M1 48323 | eis) |
| | | · · · · · · · · · · · · · · · · · · · | - | · | |
| | | | - | | |
| | Name and street addres | ss of Florida registered agent: (P.O | . Box <u>NOT</u> ac | cceptable) | |
| | Name: | National Registered Agents, Inc. | | | |
| | | 1200 South Pine Island Road | | <u> </u> | |
| | Office Address: | | <u> </u> | <u> </u> | |
| | | | | | |
| | egistered agent's accep | | e of process f | Florida <u>33324</u> (Zip cod | |
| 1 e 0 | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. | (City) stance: gistered agent and to accept servic tion, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen | ent as register roper and con | or the above stated limited red agent and agree to act apletc performance of my o | liability company at the place in this capacity. I further agree |
| H le 0 | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. | (City) stance: egistered agent and to accept servic tion, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen | ent as register roper and con | or the above stated limited red agent and agree to act apletc performance of my o | liability company at the place in this capacity. I further agree |
| H. le m | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. | (City) trance: registered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the pro- s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address</u> : Gary Karp | tent as register roper and con it. gents ()c~/m, agent's inguiture) tho has/have a | or the above stated limited red agent and agree to act aplete performance of my of James M. Halpin Assistant Secretary | liability company at the place in this capacity. I further agree |
| I le o | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. The name, title or capa <u>Title or Capacity:</u> | (City) trance: registered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the plant s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address:</u> <u>Gary Karp</u> <u>4455 S. Bay Dr.</u> | ent as register roper and con i. .gents ()a In, agent's signature) tho has/have a <u>Tit</u> | for the above stated limited red agent and agree to act aplete performance of my James M. Halpin Assistant Secretary uthority to manage is/are: | llability company at the place in this capacity. I further agree duties, and I am familiar with |
| I le o | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. The name, title or capa <u>Title or Capacity:</u> | (City) trance: registered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the pro- s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address</u> : Gary Karp | ent as register roper and con i. .gents ()a In, agent's signature) tho has/have a <u>Tit</u> | for the above stated limited red agent and agree to act aplete performance of my James M. Halpin Assistant Secretary uthority to manage is/are: | llability company at the place in this capacity. I further agree duties, and I am familiar with |
| I le o | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. The name, title or capa <u>Title or Capacity:</u> | (City) trance: registered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the plant s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address:</u> <u>Gary Karp</u> <u>4455 S. Bay Dr.</u> | ent as register roper and con i. .gents ()a In, agent's signature) tho has/have a <u>Tit</u> | for the above stated limited red agent and agree to act aplete performance of my James M. Halpin Assistant Secretary uthority to manage is/are: | llability company at the place in this capacity. I further agree duties, and I am familiar with |
| 1. 100 m | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. The name, title or capa <u>Title or Capacity:</u> | (City) trance: registered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the plant s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address:</u> <u>Gary Karp</u> <u>4455 S. Bay Dr.</u> | ent as register roper and con i. .gents ()a In, agent's signature) tho has/have a <u>Tit</u> | for the above stated limited red agent and agree to act aplete performance of my James M. Halpin Assistant Secretary uthority to manage is/are: | llability company at the place in this capacity. I further agree duties, and I am familiar with |
| f. leon 8 | aving been named as re esignated in this applica comply with the provisi nd accept the obligation. The name, title or capa <u>Title or Capacity:</u> MGR | (City) Mance: Egistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro- s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address:</u> Gary Karp <u>4455 S. Bay Dr.</u> Orchard Lake, MI 4834 | ent as register roper and con i. .gents ()a In, agent's signature) tho has/have a <u>Tit</u> | for the above stated limited red agent and agree to act aplete performance of my James M. Halpin Assistant Secretary uthority to manage is/are: | llability company at the place in this capacity. I further agree duties, and I am familiar with |
| 1. le 0 11 8 | daving been named as resignated in this applicate comply with the provision of accept the obligation. The name, title or capa <u>Title or Capacity:</u> MGR Use attachments if neces | (City) Mance: registered agent and to accept service tion, I hereby accept the appointm ions of all statutes relative to the pr s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address:</u> Gary Karp <u>4455 S. Bay Dr.</u> Orchard Lake, MI 4834 | ient as register roper and con i. .gents ()c~ /n .agent's signature) tho has/have a <u>Tit</u> | or the above stated limited red agent and agree to act aplete performance of my of James M. Halpin Assistant Secretary uthority to manage is/are: le or Capacity: | liability company at the place in this capacity. I further agree duties, and I am familiar with Name and Address: |
| 8 (()). | aving been named as reesignated in this applicate the provision of accept the obligation. The name, title or capa <u>Title or Capacity:</u> MGR Use attachments if necess. Attached is a certificate | (City) trance: registered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro- s of my position as registered agen By: National Registered A (Registered acity and address of the person(s) w <u>Name and Address:</u> Gary Karp <u>4455 S. Bay Dr.</u> Orchard Lake, MI 4834 | ent as register roper and con it. gents ()c~ /n, agent's signature) tho has/have a <u>Tit</u> 3 3 | or the above stated limited red agent and agree to act aplete performance of my of James M. Halpin Assistant Secretary uthority to manage is/are: le or Capacity: | Ilability company at the place in this capacity. I further agree duties, and I am familiar with Name and Address: |

Susan R. McMaster, Authorized Agent

Typed or printed name of signee



This is to Certify That E&A PROPERTY MANAGEMENT, LLC

was validly authorized on June 30, 2005, 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: 18119280880 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of November, 2018.

Julia Dale, Director Corporations, Securities & Commercial Licensing Bureau

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