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COVER LETTER

TO:

TO: Registration Se Division of Cor					
SUBJECT:) <u> </u>	Techno Name of L	logies	LLC Company	
The enclosed "Application Existence, and check are	on by Foreign I submitted to re	Limited Liability Comp	any for Authoriza	tion to Transact Business in F ted liability company to transa	Florida," Certificate of act business in Florida.
Please return all correspo	ondence concer	rning this matter to the	following:		
	DAVIO	d H. Be	EWLEY me of Person		
	Di	L Techno	in/Company	LLC	
	7125	FRuitville	e Rd. Pi Address	mB 151	
	SARAS	OTA, FL City/St	34 ate and Zip Code	240	
		e aftermark ail address: (to be used			
For further information of	concerning this	matter, please call:			
DAVI	d BF W Name of Con	LEY stact Person	at (<u>989</u> Area Code) 798 0 448 Daytime Telephone Nu	imber C
MAILING AD Division of Cor Registration Sec P.O. Box 6327 Tallahassee, FL	DRESS: porations ction			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	
Enclosed is a check for t	he following ar	nount:			
\$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Sta		C	Filing Fce, Certificates & Certificates

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

	Technologies n Limited Liability Company; must include name adopted for the purpose of transacting busine			npany," "L.L.C," or "l.L.C.")
	MicHiGAJ which foreign limited liability company is organized	_	,	
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to	Fprior to registration.) o determine penalty liability)		
9208 E	Curis Rd.	6. <u>7/25</u>	(Mailing Address)	e Ld
Franker	muth, MI	Pml	3 151	
4873	4	SARA	ISOTA, FL	34240
Name and street addre	DAVID H. BED 7125 FRUIT VILLE SARASOTA (City)	D. Box NOT acceptable)		2818 DEC
Name: Office Address:	7125 Fruit ville,	Rd. PMB 151		3 7
	SARASOTA (City)	, Flor	ida <u>34240</u> (Xip code)	20 T
esignated in this applic comply with the provi		ice of process for the above nent as registered agent a proper and complete perfo	e stated limited liabil ad agree to act in this	ity company at the plo capacity. I further o

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address:

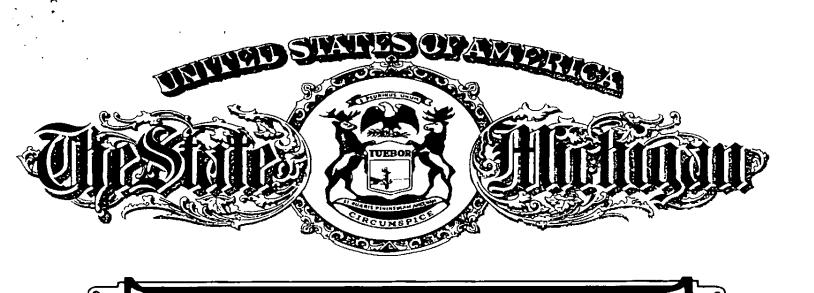
MANAGER	David H. BEWLEY
	7125 FRuirville Rd PMB 151
	SARASOTA, FL 34240
MEMBER	LINDA J. BEWLEY
	7125 FRUITVILLE RO PMB 151
	SARASUTA, FL 34240
	21

(Use attachments if necessary)

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

David H. BEWLEY



Lansing, Michigan

Department of Licensing and Regulatory Affairs

This is to Certify That

D & L TECHNOLOGIES, LLC

was validly authorized on January 31, 2000, 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

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 29th day of November, 2018.

Certificate Number: 18119491680