M19000001892

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900324908249

2019 FEB 22 AM 9: 28



S. PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 609214 8156056

AUTHORIZATION : Smelle lesson

COST LIMIT : \$ 125.00

ORDER DATE : January 31, 2019

ORDER TIME : 10:23 AM

ORDER NO. : 609214-001

CUSTOMER NO: 8156056

FOREIGN FILINGS

NAME: MATA CONSTRUCTION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

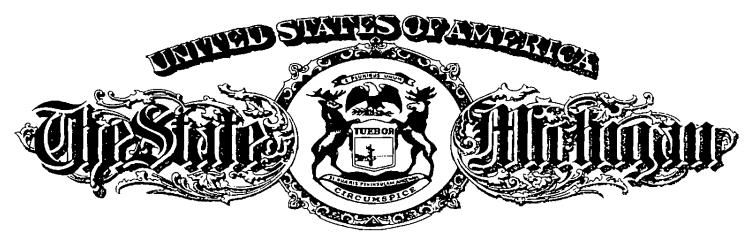
CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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 Foreig	n Limited Liability Company, must include "Limit	ed Liability Company," "L.L.C.," or "LI	(C.')
(If there impossible pater alcorate	name of the state	-	
2 Michigan	name adopted for the purpose of transacting business in Fi	orida. The alternate runne must include "I smite-	d Liability Cumpony," "L1, C," or "L1, C,")
	which foreign limited liability company is organized)	3	
		(FE)	number, il applicable)
4	(1)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	(Date first transacted business in Florida, if prior to (See sections 805,0904 & 605,0905, F.S. to determ	registration.)	
5. 351 N Squirrel Road	Lot 39		ot 39
(Street Address of Principal Office) Auburn Hills, MI 48326		6. 351 N Squirrel Road Lo	Address)
		Auburn Hills, MI 48326	
			20 9 FEB
2 Numanud			19
1. Manie and street acore	ss of Florida registered agent: (P.O. Box	NOT acceptable)	Fig. B
Name:	Corporation Service Company		A: 2
Office Address:	1201 Hays Street		2
Office Address:	Tot Hays Bucct		SSE E
	Tallahassee	, Florida 32301	
Registered agent's accep	(City)		(Code) (T) 9
Having been named as re	gistered agent and to accept service of p		, E \infty
to comply with the provisi and accept the obligation:	of my-pustion as registered ugent.	registered ugent and agree to a and complete performance of m	ct in this capacity. I further agre y duties, and I am familiar with
and accept the obligation:	of my parsition as registered ugent. Corporation carries Company By: (Kegnstered agents's s	and complete performance of m	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
and accept the obligations 8. The name, title or capa	of my parsition as registered ugent. Corporation Corporation Company By: (Registered agent's a	ignature) where authority to manage is/are:	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity:	Corporation as registered ugent. Corporation Corporation Company By: (Registered agent's secretary and address of the person(s) who has Name and Address:	and complete performance of m	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
and accept the obligations 8. The name, title or capa	corporation as registered ugent. Corporation Corporation Company By: (Registered agent's secretary and address of the person(s) who has Name and Address: Jose Mata	ignature) where authority to manage is/are:	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity:	corporation as registered ugent. Corporation Corporation Company By: (Registered agent's services and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39	ignature) where authority to manage is/are:	ct in this capacity. I further agri y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity:	corporation as registered ugent. Corporation Corporation Company By: (Registered agent's secretary and address of the person(s) who has Name and Address: Jose Mata	ignature) where authority to manage is/are:	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity:	corporation as registered ugent. Corporation Corporation Company By: (Registered agent's services and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39	ignature) where authority to manage is/are:	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity:	corporation as registered ugent. Corporation Corporation Company By: (Registered agent's services and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39	ignature) where authority to manage is/are:	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity: Member	corporation as registered ugent. Corporation confice Company By: (Registered agent's a city and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39 Auburn Hills, M1 48326	ignature) where authority to manage is/are:	ct in this capacity. I further agrey y duties, and I am familiar with Roxanne Turner Asst. Vice President
8. The name, title or capa Title or Capacity: Member Use attachments if necessor	Corporation as registered ugent. Corporation Genfice Company By: (Regentered agent's a city and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39 Auburn Hills, MI 48326	imature) whave authority to manage is/are: Title or Capacity:	et in this capacity. I further agriy duties, and I am familiar with Roxanne Turner Asst. Vice President Name and Address:
8. The name, title or capa Title or Capacity: Member Use attachments if necessed. Attached is a certificate of capacity in the capacity in th	Corporation as registered ugent. Corporation Genfice Company By: (Registered agent's a city and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39 Auhum Hills, MI 48326	imature) whave authority to manage is/are: Title or Capacity:	et in this capacity. I further agr. y duties, and I am familiar with Roxanne Turner Asst. Vice President Name and Address;
8. The name, title or capa Title or Capacity: Member Use attachments if necess: Attached is a certificate of the translator must be sufficiently. O. This document is executed.	Corporation as registered ugent. Corporation Genfice Company By: (Registered agent's a city and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39 Auburn Hills, MI 48326 ary) of existence, no more than 90 days old, duf which it is organized. (If the certificate smitted) ed in accordance with section 605.0203 (the Department of State constitutes a third	wegistered agent and agree to a and complete performance of manage is/are: Title or Capacity: Title or Capacity: Uly authenticated by the official his in a foreign language, a translation	Asst. Vice President Name and Address: aving custody of records in the tion of the certificate under oath
8. The name, title or capa Title or Capacity: Member Use attachments if necess: Attached is a certificate of the translator must be sufficiently. O. This document is executed.	Corporation as registered ugent. Corporation Genfice Company By: (Registered agent's a city and address of the person(s) who has Name and Address: Jose Math 351 N Squirrel Road Lot 39 Auburn Hills, MI 48326 ary) of existence, no more than 90 days old, diff which it is organized. (If the certificate smitted)	wegistered agent and agree to a and complete performance of manage is/are: Title or Capacity: Title or Capacity: Uly authenticated by the official his in a foreign language, a translation	Roxanne Turner Roxanne Turner Roxanne Turner Asst. Vice President Name and Address: aving custody of records in the tion of the certificate under oath
8. The name, title or capa Title or Capacity: Member Use attachments if necess: Attached is a certificate of the translator must be sufficiently. O. This document is executed.	Corporation as registered ugent. Corporation Genfice Company By: (Registered agent's a city and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39 Auburn Hills, MI 48326 ary) of existence, no more than 90 days old, duf which it is organized. (If the certificate smitted) ed in accordance with section 605.0203 (the Department of State constitutes a third	wegistered agent and agree to a and complete performance of manage is/are: Title or Capacity: Title or Capacity: Uly authenticated by the official his in a foreign language, a translation	Roxanne Turner Roxanne Turner Roxanne Turner Asst. Vice President Name and Address: aving custody of records in the tion of the certificate under oath
8. The name, title or capa Title or Capacity: Member Use attachments if necessed. Attached is a certificate of the translator must be sufficient on the translator must be sufficient of the translator must be sufficient in a document to the translator of the translator must be sufficient in a document to the translator of the translator must be sufficient in a document to the translator of the translator must be sufficient in a document to the translator of the translator must be sufficient to the translator of the translator must be sufficient to the translator of the translator must be sufficient to the translator of the translator	Corporation as registered ugent. Corporation Genfice Company By: (Registered agent's a city and address of the person(s) who has Name and Address: Jose Mata 351 N Squirrel Road Lot 39 Auburn Hills, MI 48326 ary) of existence, no more than 90 days old, duf which it is organized. (If the certificate smitted) ed in accordance with section 605.0203 (the Department of State constitutes a third	wegistered agent and agree to a and complete performance of manage is/are: Title or Capacity: Title or Capacity: Uly authenticated by the official his in a foreign language, a translation	Roxanne Turner Roxanne Turner Roxanne Turner Asst. Vice President Name and Address: aving custody of records in the tion of the certificate under oath



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MATA CONSTRUCTION LLC

was validly authorized on November 3, 2017, 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: 19020917380

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of February, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau