

MI90000002936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

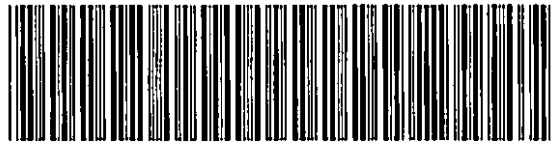
(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

2019 MAR 22 PM 6:46

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S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2019

PROLIANT SETTLEMENT SYSTEMS, LLC
ROBERT CONSIDINE
2100 COE CT
AUBURN HILLS, MI 48326

SUBJECT: PROLIANT SETTLEMENT SYSTEMS, LLC
Ref. Number: W19000022176

We have received your document for PROLIANT SETTLEMENT SYSTEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 219A00004692

RECEIVED

MAR 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proliant Settlement Systems, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Robert Considine
Name of Person
Proliant Settlement Systems, LLC
Firm/Company
2100 Coe Ct
Address
Auburn Hills, MI 48326
City/State and Zip Code
reconsidine@proliantsms.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Considine 248 484-4100
Name of Contact Person at () Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Proliant Settlement Systems, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

2. Michigan 82-0799891
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4.
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 7901 4th St N, STE 300 2100 Coe Ct
(Street Address of Principal Office) (Mailing Address)
St. Petersburg, FL 33702 Auburn Hills, MN 48326

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc. - Bill Havre

Office Address: 7901 4th St N, STE 300

St. Petersburg 33702
(Any) Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Havre
(Registered agent's signature)

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HALL COUNTY CLERK
TALLAHASSEE, FL

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: Robert Considine
 Member Address: 2100 Coe Ct
Auburn Hills, MI 48326
 Authorized
Person
 Other Other

Title or Capacity: Name and Address:
 Manager Name: Michael Strat
 Member Address: 2100 Coe Ct
Auburn Hills, MI 48326
 Authorized
Person
 Other Other

Manager Name: John Apostol
 Member Address: 2100 Coe Ct
Auburn Hills, MI 48326
 Authorized
Person
 Other Other

Manager Name: Richard Parsons
 Member Address: 2100 Coe Ct
Auburn Hills, MI 48326
 Authorized
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

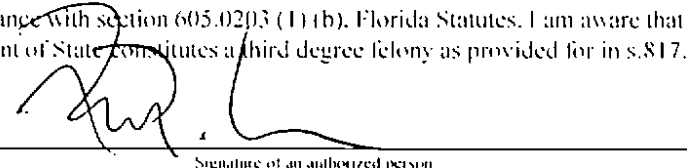
Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

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TALLAHASSEE
FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

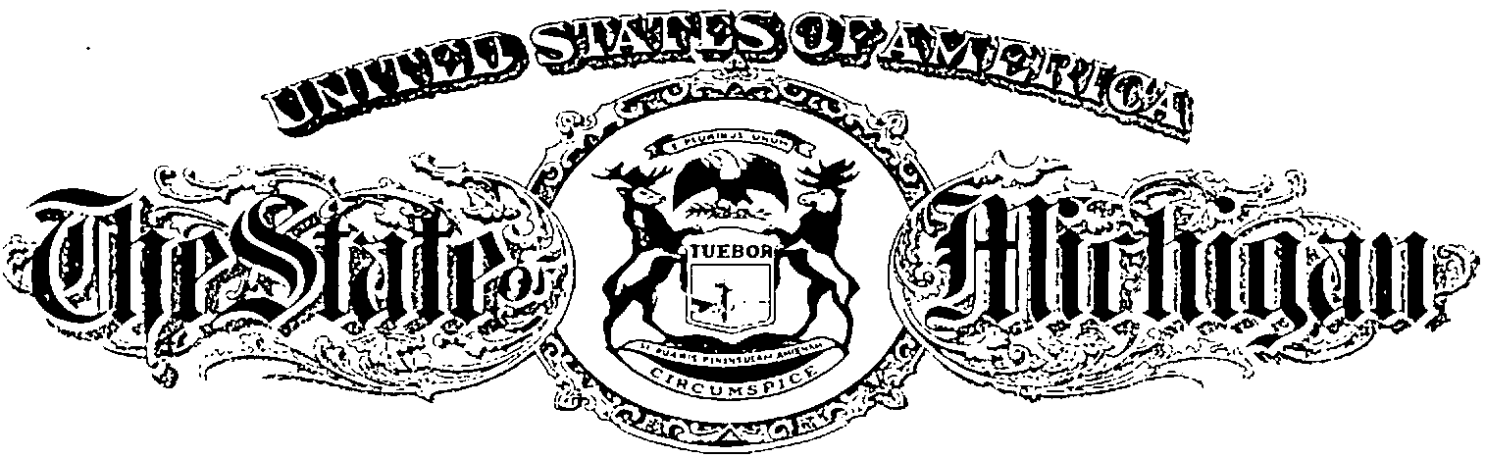
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Robert Considine

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PROLIANT SETTLEMENT SYSTEMS, LLC

was validly authorized on March 17, 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.



In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 20th day of February, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 19021016280