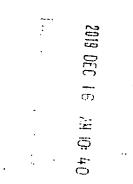
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COVER LETTER

TO:

Registration Section

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Certificate of Status

| SUBJECT: | RESURGET ENGINEERING PLC | | | _ |
|----------------|-------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------|------------------|
| | Nam | e of Limited Liability | Company | |
| | l "Application by Foreign Limited Liability (id check are submitted to register the above r | | | |
| lease return | all correspondence concerning this matter to | the following: | | |
| | Adam Saldana | | | |
| | | Name of Person | | - |
| | Registered Agent Soltutions, Inc. | | | |
| | | Firm/Company | - | - |
| | 1701 Directors Blvd. Ste 300 | | | |
| | | Address | · · · · · · · · · · · · · · · · · · · | ~ |
| | Austin, TX 78744 | | | |
| | C | ity/State and Zip Code | | - |
| | orders@rasi.com | | | 23 |
| | E-mail address: (to be | used for future annua | report notification) | 23190 |
| For further in | formation concerning this matter, please call | l: | | in in the second |
| Ada | am Saldana | \$88 at (| 705-7274 | <u></u> |
| | Name of Contact Person | Area Code | Daytime Telephone Number | 15:0137 |
| | ILING ADDRESS: | | STREET ADDRESS: | ₩ W |
| | sion of Corporations | | Division of Corporations | £ |
| | istration Section | | Registration Section | |
| | . Box 6327 ahassee, F1, 32314 | | Clifton Building 2661 Executive Center Circle | |
| Tan | anassee, F1, 52514 | | Tallahassee, FL 32301 | |

□ \$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:

| Resurget Engineering L.I. | | | | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------------|
| f name unavailable, enter alternate | name adopted for the purpose of transacting business in Flo | orida. The alte | male name must include "Limited Liability Con | spany," "L.f., C," or "LLC ") |
| Michigan | | | 83-1649587 | |
| (furisdiction under the law of s | which foreign limited liability company is organized) | ٥ | (FEI number, if app | licable) |
| | | | | |
| | (Date this transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ | registration) and penulty ha | Stility) | |
| 4219 Woodward Aver | | | 4219 Woodward Avenue | |
| (Street Address of | Principal Office) | 6 | (Mailing Address) | |
| Suite 306 | | 9 | Suite 306 | |
| Detroit, MI 48201 | | 1 | Detroit, MI 48201 | 2019 055 |
| Name and street address | ss of Florida registered agent: (P.O. Box | : <u>NOT</u> ac | ceptable) | 01 S |
| Name: | Registered Agent Solutions, Inc. | | | :01 H¼ |
| Office Address: | 155 Office Plaza Dr. Suite A | | | <u>3</u> |
| | Tallahassee | | 32301 , Florida | |

Registered agent's acceptance:

Having been named as registered ugent 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.

(Registered agent + signature)

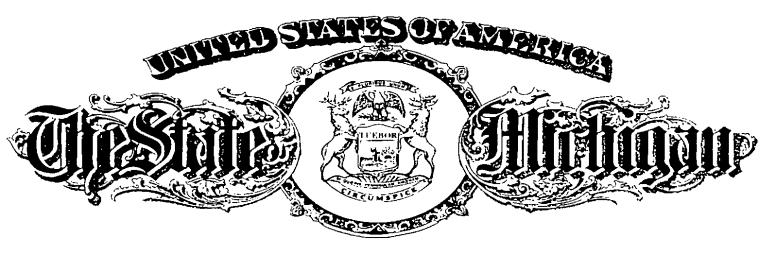
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u> [itle or Capacity:</u> | Name and Address: | <u>Title or Capacity:</u> | Name and Address: |
|------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|
| Manager | Name: Jason Krolicki | Manager Manager | Name: Marc Steinhobel |
| Member | Address: 4219 Woodward Avenue | ■ Member | Address: 4219 Woodward Avenue |
| Authorized | Suite 306 | Authorized | Suite 306 |
| Person | Detroit, MI 48201 | Person | Detroit, MI 48201 |
| Other | Other | Other | Other |
|]Manager | Name: Sean Godin | ☐ Manager | Name: |
| Member | Address: 4219 Woodward Avenue | ☐ Member | Address: |
| Authorized | Suite 306 | Authorized | |
| Person | Detroit, MI 48201 | Person | |
| Other | Other | Other | Other |
|]Manager]Member | Name: Address: | ☐ Manager | Name: C |
| Authorized | | Authorized | O ! - |
| Person | | Person | |
| Other | Other | Other | دی Other * |
| nportant Notice: U idexed individuals | se an attachment to report more than six (6), may be added to the index when filing your F | The attachment will be imaged or idea of State | ged for reporting purposes only. Non- Annual Report form. |

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.

Typed or printed name of signee

Jason Krolicki



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

RESURGET ENGINEERING PLC

was validly authorized on July 31, 2018, as a Michigan DOMESTIC PROFESSIONAL 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 eredit given it in every court and office within the United States.

Corporation of Commercial Heavilles

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of December, 2019.

<u>بر</u> ت:

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 19127396510