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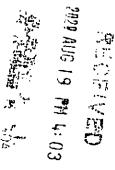
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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		CERTIFIED COPY					
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	xx	FILING	FOREI	GN			
1.		SALVG, LLC					
		(CORPORATE NAME AND DOCUM	MENT#)				
2.		(CORPORATE NAME AND DOCUM	MENT #)				
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6.		(CORPORATE NAME AND DOCUM	IENT #)				
	ECIAI TRU	L CTIONS:					
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COVER LETTER

TO:

го:	Registration Section Division of Corporations		
UBJE		LC for Authorization to Transact Business in Florida	
		ne of Limited Liability Company	
		Company for Authorization to Transact Business in Florida, e referenced foreign limited liability company to transact busi	
lease	return all correspondence concerning this matter	to the following:	
	Timothy K. Kroninger		
	-	Name of Person	
	Varnum LLP		
		Firm/Company	
	160 West Fort Street, Fifth Floor		
	-	Address	
	Detroit, Michigan 48226		
		City/State and Zip Code	
	tkkroninger@varnumlaw.com		
	E-mail address: (to b	oe used for future annual report notification)	
or fur	ther information concerning this matter, please or	all:	
	Timothy K. Kroninger	313 481-7320 at (?
	Name of Contact Person	Area Code Daytime Telephone Number	7020
	Mailing Address: Registration Section	Street Address: Registration Section	,
	Division of Corporations	Division of Corporations	5
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee	· 11
		2415 N. Monroe Street, Suite 810	11
	,	Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE		,
	■ \$125.00 Filing Fee		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in h	londa. The	ilternate name must include "Limited Liability Company."	"L.L.C." or "L16	
State of Michigan, USA			85-2576737		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
1			· · · · · · · · · · · · · · · · · · ·		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration nine penalty) mbility)		
1900 Monte Carlo Tra		,	36744 Utica Road		
treet Address of Principal Office)		6.	(Mailing Address)		
Ortando, Florida 32805		Clinton Township, Michigan 48035			
. Name and street address	ss of Florida registered agent: (P.O. Box	· <u>NOT</u> a	cceptable)		
Name:	Registered Agent Solutions, Inc.			2020 /	
Office Address:	155 Office Plaza Dr., Suite A				
	Tallahassee		32301 , Florida		

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.

Mackenzie Hart, Asst. Secretary

(Registered agent's 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name:
≜ Member	Address: 36744 Utica Road	■Member	Address: 36744 Utica Road
□Authorized	Clinton Township, Michigan 48035	□Authorized	Clinton Township, Michigan 48035
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	
			· ·
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other

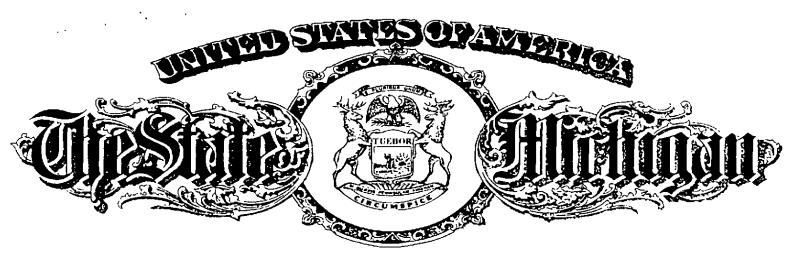
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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

Timothy K. Kroninger, Authorized Agent

Typed or printed name of signee





Department of Licensing and Regulatory Affairs



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Lansing, Michigan

This is to Certify That SALVG, LLC

was validly authorized on April 24, 2019, 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 cradit given it in every court and office within the United States.

Saturilles & Commercia

Sent by electronic transmission

Certificate Number: 20082800260

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of August, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

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