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(((H20000350781 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company RFM, LLC

Certificate of Status	: 0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

COT OS 2220

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

(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Co	mpany," "L.L.C.," or "LLC.")			
	ort Myers, LLC					
ne unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The altern	uste usme must include "Limited Lie	ability Company," "L.L.C.," or	"LLC.")	
Delaware		3	· :	er, il applicable)	· 	
Junisalction under the law of w	bich foreign limited liability company is organized)		(FEI numb	er, if applicable)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liabi	lity)			
c/o Peninsula Car Address of Principal Office)	pital Partners, L.L.C.	6. <u> </u>	/o Peninsula Capital (Mailing Address)	Partners, L.L.C.	_	
500 Woodward Avenue, Suite 2800		500 Woodward Avenue, Suite 2800				
			2	- 1 114 - 114 - 114	-	
Detroit, MI 48226		Detroit, MI 48226				
Vame and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)	20 21 OC SECRE TALLAU	-4-	
Name:	C T Corporation System		· 	17-8 17:87 18:57	=	
Office Address:	1200 South Pine Island Road			AMII: 08	ш Ш	
	Plantation		33324 , Florida	3.68 3.68 80 :		
			. 616.*1018			

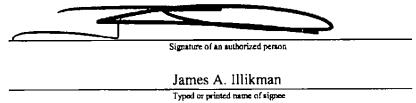
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Fire Safety Systems, Inc.	□Manager	Name:	
⊠Member	Address:	□Member	Address:	
□Authorized	500 Woodward Avenue, Suite 2800	□Authorized		
Person	Detroit, MI 48226	Person		annana,
Other	Other	□Other		Other
☐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	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.



<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RFM, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RFM, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

7655571 8300 SR# 20207712137

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSRC,

Authentication: 203818411

Date: 10-08-20