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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

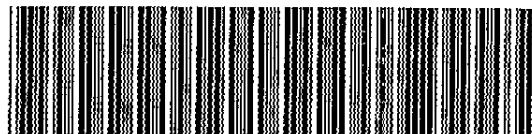
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOBILITY RESOURCE ASSOCIATES, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT HAMANN

(Name of Person)

MOBILITY RESOURCE ASSOCIATES, INC.

(Firm/Company)

29001 HARPER AVE, SUITE 7

(Address)

ST CLAIR SHORES MI 48081

(City/State and Zip code)

For further information concerning this matter, please call:

ROBERT HAMANN

(Name of Person)

at ( 586 ) 778 8937

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JAN 10 1991  
FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MOBILITY RESOURCE ASSOCIATES INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MICHIGAN 3. 38-2914671  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 31, 1987 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 29001 HARPER AVE, SUITE 7, ST CLAIR SHORES MI 48081  
(Principal office address)  
29001 HARPER AVE, SUITE 7, ST CLAIR SHORES MI 48081  
(Current mailing address)
8. SPECIALIZED MOBILE EQUIPMENT MANAGEMENT  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: NRAI Services, Inc.  
Office Address: 526 E. Park Avenue  
Tallahassee, Florida 32301  
(City) (Zip code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation 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.*  
NRAI Services, Inc.  
By: Lisa Rogers, Agent Inc.  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: HARRY KURTZ

Address: 20 N. DUVAL  
GROSSE POINTE SHORES, MI 48236

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: HARRY KURTZ

Address: 20 N. DUVAL  
GROSSE POINTE SHORES, MI 48236

Vice President: 1

Address: \_\_\_\_\_

Secretary: HARRY KURTZ

Address: 20 N. DUVAL, GROSSE POINTE SHORES, MI 48236

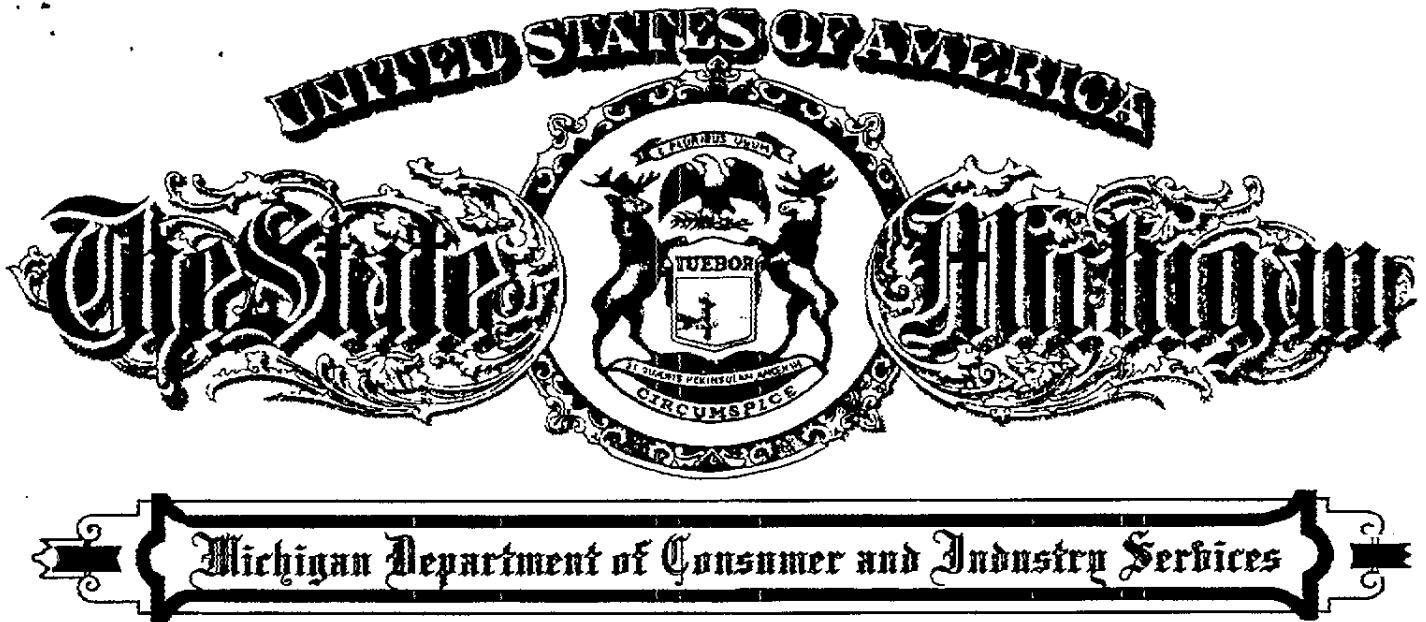
Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HARRY KURTZ PRESIDENT  
(Typed or printed name and capacity of person signing application)



Lansing, Michigan

This is to Certify That

**MOBILITY RESOURCE ASSOCIATES, INC.**

was validly incorporated on March 31, 1987, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

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 24th day of October, 2003.

, Director

Bureau of Commercial Services