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EXAMINER



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SECRETARY OF STATE
ALLAHASSEF, FIORINA

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJI	T: Asgard Services, LLC	
	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida	
Please	urn all correspondence concerning this matter to the following:	
	Robert M. Taylor	
	Name of Person	
	Lennon, Miller, O'Connor & Bartosiewicz, PLC	
	Firm/Company	
	900 Comerica Bldg.	
	Address	
	Kalamazoo, MI 49007	
	City/State and Zip Code	
	rtaylor@lennonmiller.com E-mail address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
	Robert Taylor at (269) 381-8844	
	Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Callahassee, FL 32314 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301 Callahassee, FL 32301	
Enclo	d is a check for the following amount:	
	\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, Certificate of Status}\$\$ Certificate of Status	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Asgard Services, LLC
••	Asgard Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Impany," "L.L.C," "LLC.")
2.	Michigan 3.
	Michigan (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	April 28, 2010 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	April 28, 2010
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	Asgard Services, LLC, 2567 Coconut Drive, Sanibel, FL 33957
	(Street Address of Principal Office)
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Stafford-Smith, Inc., 3414 S Burdick Street, Kalamazoo, MI 49001
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
trai	nslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:construction broker
	Lavid of Stations
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	David J. Stafford.
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Asgard Services, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
David J. Stafford
(Name)
2567 Coconut Drive
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Sanibel, FL 33957
City/State/Zip
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)

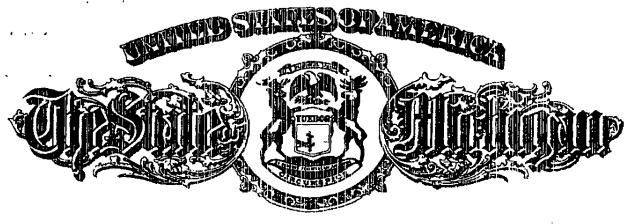
\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)



FAXCCII



Linsing, Alichigan

This is to Certify That

ASGARD SERVICES, LLC

was validly organized on April 28, 2010 as a Limited Liability Company. 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, as amended, 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.



Sent by Facsimile Transmission 1016507

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 10th day of June, 2010

Bureau of Commercial Services

Michigan Department of Energy, Labor & Economic Growth

Filing Endorsement

This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC L.L.C.)

for

ASGARD SERVICES, LLC

ID NUMBER: D42051

received by facsimile transmission on April 28, 2010 is hereby endorsed Filed on April 28, 2010 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 28TH day of April, 2010.

Director