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SECHETARY OF STATE SECHETARY OF STATE

BA. Thomas NOV 2 9 2007

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Northville Product Services, LP (Name of Foreign Limited Partnersh	nip or Limited Liabili	ly Limited Partnership)	
The enclosed application, certificate of sta limited partnership or limited liability lim Please return all correspondence concerni	ited partnership to		
Elizabeth Ann McConaghy, Legal Department			
(Contact Person)	 -		
Northville Product Services, LP			
(Firm/Company)	•	-	
25 Melville Park Road, Suite 210, Attention: Leg	al Department		2
(Address)		•	严 香
Melville, NY 11747			超~%
(City, State and Zip Code)		-	555 T
For further information concerning this m	atter, please call:		OT HON 28 PHILE SECTION OF STATE TALLAHASSEE, FLORID
Bette Simon, Legal Assistant	at (631) 753-4222	→
(Name of Contact Person)		and Daytime Telephone Number	er)
Enclosed is a check for the following amo	ount:		
\$\mathbb{k}\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\mathbb{k}\$1,000.00 Filing Fees and Certificate of Status	es \$\Bigsil \\$1,052.50 \text{ Filin} and Certified Cop		2,
STREET ADDRESS:		ING ADDRESS:	
Registration Section		ration Section	
Division of Corporations Clifton Building		on of Corporations sox 6327	
2661 Executive Center Circle		assee, FL 32314	
Tallahassee, FL 32301		,	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2007

ELIZABETH ANN MCCONAGHY 25 MELVILLE PARK ROAD, STE 210 MELVILLE, NY 11747

SUBJECT: NORTHVILLE PRODUCT SERVICES, LP

Ref. Number: W07000048770

We have received your document for NORTHVILLE PRODUCT SERVICES, LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 407A00057613

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

(Name of Li Acceptable Limit	ed Partnership suffixes: Limited Pa	ity Limited Partnership, which must include suffix artnership, Limited, L.P., LP, or Ltd. Gixes: Limited Liability Limited Partnership, L.L.	
		ed partnership or limited liability limited partnershin Florida; must contain acceptable suffix.)	nip.
2. Texas		3. December 1, 2005	
(State or C	Country of Formation)	(Date of Formation)	
4.	C T Corpo	oration System	
	(Name of Registered Ag	gent for Service of Process)	
5.	1200 South Pine Island Re	oad, Plantation, Florida 33324	器
J	(Florida street addres	s for Registered Agent)	N 28 I
comply with the p	provisions of all statutes relative to the with an accept the obligations of many CT Corpo	tent and agree to act in this capacity. I further agree the proper and complete performance of my duties may position as registered agent. Registered Agent	ree ID CO
7. <u>Northvill</u> Melville,	(Principal o	Melville Park Road, Suite 210, Attention office address)	<u>ı: L</u> egal Dept.
8. If limited p	artnership is a limited liability	v limited partnership, check box	

Page 1 of 3

	(Mailing address)			
0. Name, principal office address, and mailing address of each general partner:				
Northville Management Corp.	25 Melville Park Road, Suite 210, Attn: Legal Dept.			
07-5613	(Street Address) Melville, NY 11747			
	(Mailing Address)	93 KS		
(Name)	(Street Address)	OT NON 28 PH 12: OF STATE PLONES.		
	(Mailing Address)	F STATE		
(Name)	(Street Address)			
·	(Mailing Address)			
(Name)	(Street Address)			
	(Mailing Address)			

Page 2 of 3

(Name)	(Street Address)	
, ,		
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
	TALL AFE	OT HON 2
11. Effective date, if other than the date of fi	ing:	10 P
(Effective date cannot be prior to nor filed by the Florida Department of St	more than 90 days after the date this document is tel.)	OT HOW 28 PH 12: US
to the delivery of this application to t	ce duly authenticated, not more than 90 days prior ne Florida Department of State, by the Secretary of of the entity's records in the jurisdiction under the	•
Signed this day or		
Signature of a general partner: North	rille Management Corp.	
Steven A. Lessmann, Corporate Contro	iller	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75	

Page 3 of 3

Corporations Section
 P.O.Box 13697
 Austin, Texas 78711-3697



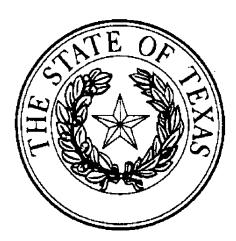
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for Northville Product Services, LP (file number 800578210), a Domestic Limited Partnership (LP), was filed in this office on December 01, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 10, 2007.



Phil Wilson Secretary of State

Mulson