

F01000003125

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE SMOKLER COMPANY
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 000004275590-0
-05/22/01-01026-003
*****70.00 *****70.00
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
01 JUN 13 AM 11:46
TALLAHASSEE FLORIDA
SECRETARY OF STATE
WLC/13



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 23, 2001

IRVING A. SMOKLER
THE SMOKLER COMPANY
ONE SOUTH COEAN BLVD, SUITE 305
BOCA RATON, FL 33432

SUBJECT: THE SMOKLER COMPANY
Ref. Number: W01000011801

Upon receipt of your letter and/or check(s) totaling \$70.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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

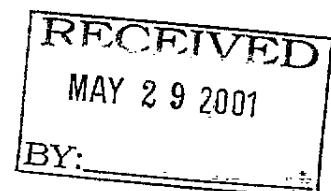
If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 701A00031858

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED





FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 6, 2001

IRVING A. SMOKLER
THE SMOKLER COMPANY
ONE SOUTH COEAN BLVD, SUITE 305
BOCA RATON, FL 33432

SUBJECT: THE SMOKLER COMPANY
Ref. Number: W01000011801

We have received your document for THE SMOKLER COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

We cannot accept "Inactive" as an answer in line 8; please indicate the nature of the business that will be carried out in the state of Florida.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 001A00034380

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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. THE SMOKLER COMPANY
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/23/01 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. 505 EAST WILSON, SUITE 303, ANN ARBOR MI 48104
(Principal office address)
- ONE SOUTH OCEAN BLVD STE 305
BOCA RATON FL 33432
(Current mailing address)
8. INACTIVE / REAL ESTATE HOLDINGS
(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: IRVING A SMOKLER
- Office Address: ONE SOUTH OCEAN BLVD, STE 305
BOCA RATON, Florida 33432
(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.

X [Signature]
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: IRVING A SMOKLER

Address: ONE SOUTH OCEAN BLVD, STE 305
BOCA RATON, FL 33432

Director: _____

Address: _____

B. OFFICERS

President: IRVING A SMOKLER

Address: ONE SOUTH OCEAN BLVD, STE 305
BOCA RATON, FL 33432

Vice President: _____

Address: _____

Secretary: _____

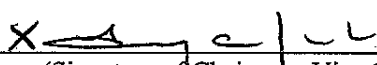
Address: _____

Treasurer: _____

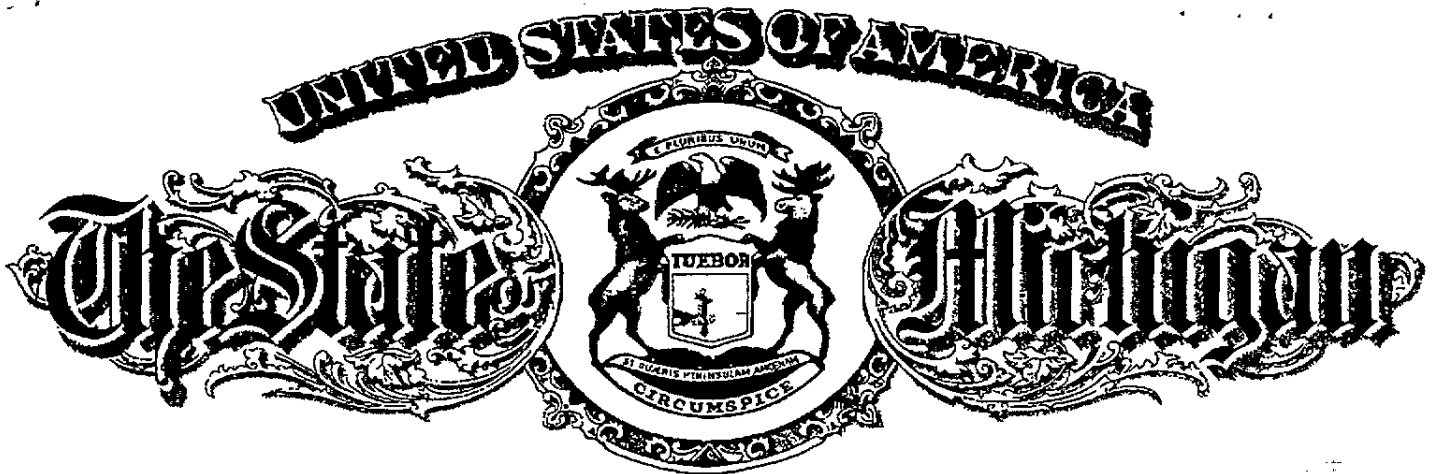
Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

13. X  / u
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. IRVING A SMOKLER, PRESIDENT
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

THE SMOKLER COMPANY

was validly incorporated on June 23, 1981, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued 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 or conduct affairs in Michigan 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.

FILED

01 JUN 13 AM 11:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of May, 2001

Andrew L. Mettall , Director

Bureau of Commercial Services