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Account Number : FCA000000023
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FOREIGN PROFIT QUALIFICATION

Commercial Financial Management, Inc.

Certificate of Status	0
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Page Count	06 07
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MAY 25 2005

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FAX : 18502229428
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DATE,TIME	05/20 10:30
FAX NO./NAME	2050383
DURATION	00:01:25
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RESULT	OK
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FOREIGN LIMITED LIABILITY COMPANY

Commercial Financial Management, Inc.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Commercial Financial Management, 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.

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Please return all correspondence concerning this matter to the following:

Lena Agree
(Name of Person)

Sommers Schwartz, P.C.
(Firm/Company)

2000 Town Center, Suite 900
(Address)

Southfield, MI 48075
(City/State and Zip code)

For further information concerning this matter, please call:

Lena Agree at (248) 746-4596
(Name of Person) (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:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

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. Commercial Financial Management, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Michigan
(State or country under the law of which it is incorporated)

3. 38-2034895
(FEI number, if applicable)

4. January 16, 1974
(Date of incorporation)

5. Perpetual
(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. 7115 Orchard Lake Road, Suite 220
(Principal office address)

West Bloomfield, MI 48322
(Current mailing address)

8. commercial real estate 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
By: Connie Bryan
(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: Allan R. Adelson

Address: 7115 Orchard Lake Road, Suite 220

West Bloomfield, MI 48322

Vice Chairman: _____

Address: _____

Director: Allan R. Adelson

Address: same

Director: _____

Address: _____

B. OFFICERS

President: Allan R. Adelson

Address: same

Vice President: _____

Address: _____

Secretary: Allan R. Adelson

Address: same

Treasurer: Allan R. Adelson

Address: same

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

13. _____
(Signature of Director or Officer listed in number 12 of the application)

14. Allan R. Adelson, President
(Typed or printed name and capacity of person signing application)

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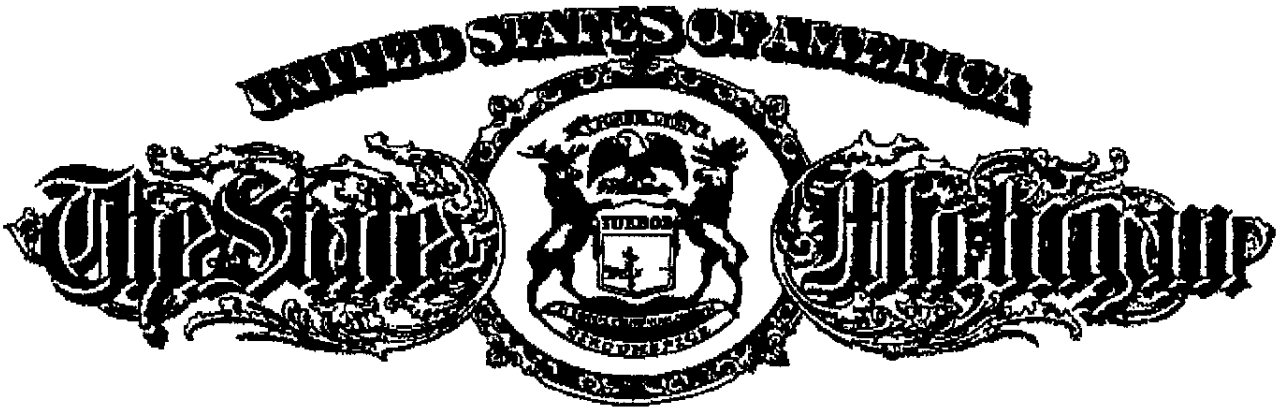

Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

COMMERCIAL FINANCIAL MANAGEMENT, INC.

was validly incorporated on January 16, 1974, 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.

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In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of May, 2005.

, Director

Bureau of Commercial Services

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