

**F060000005560**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000213413 3)))



H060002134133ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

FILED  
06 AUG 24 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**SHINGLE MITIGATION PARTNERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

*Susie Knight ex 2956*

Electronic Filing Menu

Corporate Filing Menu

Help

H06000213413 3

# 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. Shingle Mitigation Partners, Inc.

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

(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. 35-2276612

(FPI number, if applicable)

## 4. August 9, 2006

(Date of incorporation)

## 5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

## 6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

## 7. 21 East Long Lake Road, Suite 100, Bloomfield Hills, MI 48304

(Principal office address)

## 21 East Long Lake Road, Suite 100, Bloomfield Hills, MI 48304

(Current mailing address)

## 8. Real Estate Investment

(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 NOT acceptable)

Name: Corporation Services Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

  
(Registered agent's signature)

Sue G. Knight  
as its agent

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.

FILED  
06 AUG 24 PM 12:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

H06000213413 3

H06000213413 3

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

## A. DIRECTORS

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

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

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

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

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

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

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

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

## B. OFFICERS

President: Daniel J. Aronoff

Address: 21 East Long Lake Road, Suite 100, Bloomfield Hills, MI 48304

Vice President: \_\_\_\_\_

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

Secretary: Same

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

Treasurer: Same

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

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. Daniel J. Aronoff, President

(Typed or printed name and capacity of person signing application)

FILED  
06 AUG 24 PM 12 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H06000213413 3

08/08/2006 10:17:04 AM

FAXCOM

06000213413 3  
PAGE 8 OF 8



This is to Certify That

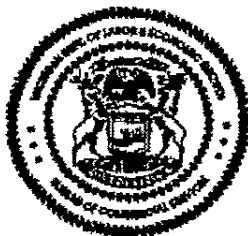
**SHINGLE MITIGATION PARTNERS, INC.**

was validly incorporated on August 9, 2006, 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.

FILED  
06 AUG 24 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Sent by Facsimile Transmission  
41851A

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 09th day of August, 2006.

*Andrew S. Pfeiffer*, Director

Bureau of Commercial Services

06000213413 3