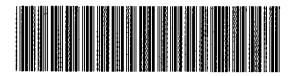
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i		
(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Rus	siness Entity Nar	no)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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COVER LETTER

	New Filing Section Division of Corporations				
	Niles	Plaza, Inc	•		
SUBJE		oration - must include suffix			
Dear Si	r or Madam:				
"Certific	losed "Application by Foreign Corporatio cate of Existence," and check are submitted business in Florida.				
Please r	eturn all correspondence concerning this r	natter to the following:			
	Beth	A. Mumaw			
***********		me of Person)			
	Niles	Plaza, Incom/Company)	- •		
	7041	Lennox Plan (Address)	ce		
		(Address)	7 7/12 01		
	Universi	ty Park F State and Zip code)	L34201		
	(City/	State and Zip code)			
For furt	her information concerning this matter, pl	ease call:			
Be	th A Muman at (9	41,36020	16		
(Name of Person) at (941) 360 2026 (Area Code & Daytime Telephone Number)					
	STREET/COURIER ADDRESS:	MAILING A	ADDRESS:		
	New Filing Section New Filing Section				
	Division of Corporations Clifton Building	Division of C P.O. Box 632			
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee,	FL 32314		
Enclose	ed is a check for the following amount:				
\$70.0	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		



January 29, 2008

BETH A MUMAW NILES PLAZA, INC. 7041 LENNOX PLACE UNIVERSITY PARK, FL 34201

SUBJECT: NILES PLAZA, INC. Ref. Number: W08000004938

We have received your document for NILES PLAZA, INC. 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.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Letter Number: 408A00006058

Dale White Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 -Tallahasson, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

V COMPLIANCE WITH SECTION 607.1 EGISTER A FOREIGN CORPORATION	N TO TRANSACT BUSINA	ESS IN THE STATE OF		0
. Niles i	Plaza, Inc	•		
(Enter name of corporation; must include ""Inc.," "Co.," "Corp," "Inc," "Co," or "Corp	'INCORPORÁTED," "COI	MPANY," "CORPORATI	ON,"	
(If name unavailable in Florida, enter altern	nate corporate name adopted	for the purpose of transac	ting business in Flor	ida)
Michigan	3	75-30845	87	
Michigan (State or country under the law of which it is	is incorporated)	(FEI number, if a	pplicable)	
10/10/02				
(Date of incorporation)	5. (Dura	tion: Year corp. will cease	to exist or "perpetua	al")
(Date first t	ransacted business in Florid S 607.1501 & 607.1502, F.S	., to determine penalty lial		
7 04	1 Lennox P	lace Univers	ity Park, Fi	3420
((Principal office address)		/	
,	same as a	bove		
(Current mailing address)			11 1
florida em	ployees		ZEC SEC	
(Purpose(s) of corporation authorized	d in home state or country to	o be carried out in state of	Floring C	
Name and street address of Florida regi	istered agent: (P.O. Box	NOT acceptable)	-u Ary Sse	
	numaw		T 7	
ffice Address: 7041 Le	ennox Place	• -	STATE ORID	
University Ci	Park Fl.	Florida <u>34201</u> (Zip code)	Θ	e die Ne
). Registered agent's acceptance: aving been named as registered agent a esignated in this application, I hereby a arther agree to comply with the provision and I am familiar with and accept the ob	and to accept service of p accept the appointment as ons of all statutes relative	rocess for the above sta registered agent and a to the proper and comp	gree to act in this c	apacity.
Beer	a mumai	\supset		

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Director: Address: Address: **B. OFFICERS** Vice President: Address: _ Secretary: ___ Lennox Place University Park, FL 34201 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Beth A. Mumau 14. _____

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



Lansing, Michigan

This is to Certify That

NILES PLAZA, INC.

a Michigan profit corporation was validly incorporated on October 18, 2002, 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.



Sent by Facsimile Transmission 944537



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of January, 2008.

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Bureau of Commercial Services