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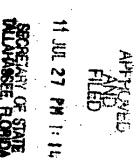
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200210335822

07/27/11--01025--011 **78.75







Florida Division of Corporations New Filing Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

July 25, 2011

Florida Division of Corporations,

Please find enclosed the Certificate of Authority application and fee for Five Lakes Agency, Inc. They have hired Cornerstone Support, Inc. to file this on their behalf. I have included a stamped self addressed envelope for return proof of filing for your convenience. If you have any questions, please feel free to call me at 770-587-4595.

Please mail any correspondence to: Cornerstone Support, Inc. Attn: Janet Teague 11111 Houze Rd, Suite 200 Roswell, GA 30076

CONFIDENTIALITY NOTICE

This submission and any attachments contain information from Cornerstone Support, Inc. and are intended solely for the use of the named recipient or recipients. This submission may contain privileged or confidential communications. Any dissemination of this submission by anyone other than an intended recipient is strictly prohibited. If you are not a named recipient, you are prohibited from any further viewing of the information or any attachments or from making any use of the information or attachments. If you believe you have received this information in error, notify the sender immediately and permanently destroy the information, any attachments, and all copies thereof.

Sincerely,

Janet Teague

Licensing Specialist

Cornerstone Support, Inc.

COVER LETTER

	New Filing Division of	g Section f Corporations					
SUBJE	CT:F	ive Lakes Agency,	Inc.				
		(Na	me of	corporat	ion - m	ust include suffi	x)
Dear Sir	or Madam	•					
"Certific		tence," and check a					sact Business in Florida," renced foreign corporation to
Please re	turn all co	rrespondence conce	rning ti	nis matte	er to the	e following:	
				Jane	t Teagı	ie	
				(Name o		•	
			C	ornerst	one Su	pport, Inc.	
				(Firm/C	ompan	y)	
			1111	l 1 Houz	e Rd., 9	Suite 200	
			······································	(Ad	dress)		· · · · · · · · · · · · · · · · · · ·
			P	loswell,	GA 30	076	
			(C	ity/State	and Zi	p code)	
For furth	er informat	tion concerning this	matter	, please	call:		
.Îa î	net Teague	,		550		POT AENE	
	Name of P		at (Code A	587-4595 & Daytime Telep	shone Number)
`	11441110 01 1	cison)		(ruca	Code c	e Daytime Petep	none runibery
		COURIER ADDRI	ESS:			MAILING	
	lew Filing Division of	Corporations				New Filing S Division of C	
C	lifton Buil	lding				P.O. Box 63	27 ·
		tive Center Circle, FL 32301				Tallahassee,	FL 32314
Enclosed	is a check	for the following a	mount:				
\$70.00	Filing Fee	\$78.75 Fili Certificat			_	'5 Filing Fee & ified 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.

MI		3.	451656869		
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	.,
3/29/2011		5,	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetu	al'')
upon qualific	cation				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
901 Tower D			MI 48098	int	
	(Principal office	addı	ress)		المندور . المنا
				_₹#	_=
	(Current mailing	add	ress)		27
Data Callerda	-			m _Q	3
Debt Collectio	n) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	59	
·				嗣	****
Name and stree	t address of Florida registered agent:	(P.C). Box NOT acceptable)		 ,
Name:	Corporation Service Company		<u> </u>		
ffice Address:	1201 Hays Street				
	Tallahassee		, Florida 32301		
			(Zip code)		

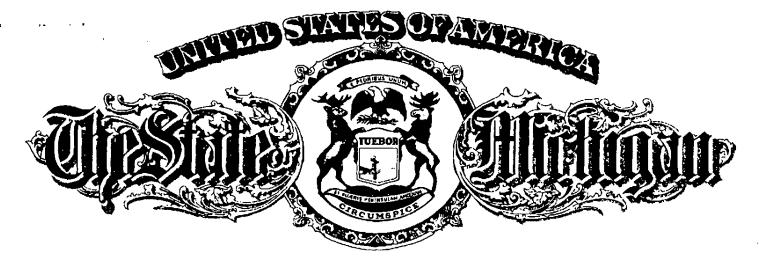
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Sonya L. Cordell Assistant VP

APPHELYEL AND FILED

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

A. DIRECTORS	11 JUL 27 PM, 1: 14
Chairman:	
Address:	SECRETARY OF STATE TALLAHAMBEE, FLORIDA
ice Chairman:	:
ddress:	
rirector: Kyle John Von Allmen	
ddress: 901 Tower Dr., Ste. A250	
Troy, MI 48098	
virector:	
ddress:	
. OFFICERS	
esident: Kyle John Von Allmen	
ddress: 901 Tower Dr., Ste. A250	
Troy, MI 48098	
ice President: Kyle John Von Allmen	
ddress: 901 Tower Dr., Ste. A250	
Troy, MI 48098	
ecretary: Tammy Lynn Failla	
idress: 901 Tower Dr., Ste. A250 Troy, MI 48098	
easurer: Tammy Lynn Failla	
ddress: 901 Tower Dr., Ste. A250 Troy, MI 48098	
OTE: If necessary, you may trach an addendum to the applicat	ion listing additional officers and/or directors.
3.	
(Signature of Director or Officer listed in nu	imber 12 of the application)
4. Kyle John Von Allmen President (Typed or printed name and capacity of pe	





This is to Certify That

FIVE LAKES AGENCY, INC.

was validly incorporated on March 29, 2011, 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.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 13th day of July, 2011.

Director

Bureau of Commercial Services