

F9500000337

TRANSMITTAL LETTER

~~CONFIDENTIAL~~

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

600001381218
-01/20/95--01129--005
*****78.75 *****78.75

SUBJECT: Two Men and a Truck/International, 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.

Please return all correspondence concerning this matter to the following:

Ellen Brisson, Legal Assistant
(Name of Person)

May Simpson & Strote
(Firm/Company)

100 West Long Lake Road, Suite 200
(Address)

Bloomfield Hills, Michigan 48304
(City, State and Zip Code)

RECEIVED
DIVISION OF CORPORATIONS
55 JUN 23 AM 9:09

mtm

Should you need to call someone concerning this matter, please call:

Ellen Brisson at (810) 646 - 9500
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. Two Men and a Truck/International/Inc.
(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. 38-2865506
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 17, 1989 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None
(Date first transacted business in Florida. (See sections 007.1501, 007.1502, and 017.155, F.S.))

7. 1915 East Michigan Avenue
Lansing, Michigan 48912
(Current mailing address)

8. To engage in any activity within the purposes for which corporations may be
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
organized under the Michigan Business Corporation Act.

9. Name and street address of Florida registered agent:

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(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.

Claudia L. Saari
(Registered agent's signature)
CLAUDIA L. SAARI *Asst. Secy.*

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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mary Ellen Sheets

Address: 1915 East Michigan Avenue

Lansing, Michigan 48912

Vice Chairman: Melanie Bergeron

Address: 1915 East Michigan Avenue

Lansing, Michigan 48912

Director: Jon C. Sorber

Address: 1915 East Michigan Avenue

Lansing, Michigan 48912

Director: James B. Sorber

Address: 1915 East Michigan Avenue

Lansing, Michigan 48912

B. OFFICERS

Chief Executive Officer
~~President~~: Mary Ellen Sheets

Address: Same as above

~~Max~~ President: Melanie Bergeron

Address: Same as above

Secretary: Melanie Bergeron

Address: Same as above

Treasurer: Mary Ellen Sheets

Address: Same as above

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

13. Melanie Bergeron

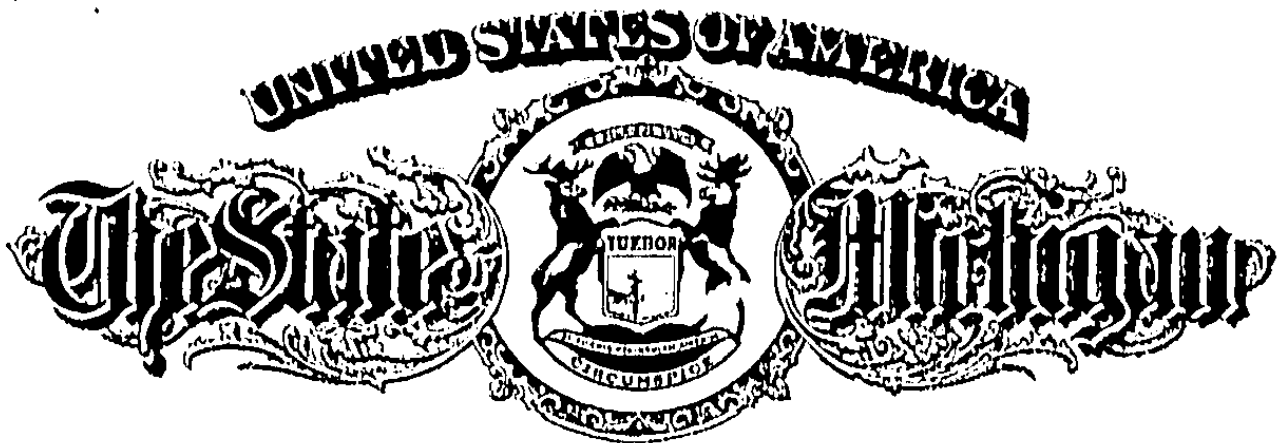
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Melanie Bergeron

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

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SECRET
EX-107-03-STATE
INSTRUCTIONS



Michigan Department of Commerce

Lansing, Michigan

This is to Certify That

TWO MEN AND A TRUCK/INTERNATIONAL, INC.

was validly incorporated on January 17, 1989, 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 this office as of this date and is duly authorized to transact business or conduct
affairs in Michigan and for no other purpose. It is in the usual 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 and affixed the Seal of the Department,
in the City of Lansing, this 11th day
of January, 1995.

Carl L. Lypson, Director
Corporation & Securities Bureau

95 JAN 23 AM 9:09

RECEIVED
CORPORATION & SECURITIES BUREAU

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 11 PM 3:41

DOCUMENT # F95000000337

1 Corporation Name

TWO MEN AND A TRUCK/INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1915 EAST MICHIGAN AVENUE
LANSING MI 48912

Mailing Address

1915 EAST MICHIGAN AVENUE
LANSING MI 48912



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date incorporated or Qualified To Do Business in Florida 01/23/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 38-2865506	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a certificate of status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CDT	SHEETS, MARY E	1915 EAST MICHIGAN AVENUE	LANSING MI
PVS	BERGERON, MELANIE	1915 EAST MICHIGAN AVENUE	LANSING MI
D	SORBER, JON C	1915 EAST MICHIGAN AVENUE	LANSING MI
D	SORBER, JAMES B	1915 EAST MICHIGAN AVENUE	LANSING MI

REINSTATEMENT *96*

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date 10-11-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/96

Daytime Phone #

800-345 1070