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Honigman	Miller Schwartz + Cohn uestor's Name		
660 Wood	Mard Avenue Address AI 48226-3583	- 1 1 1 1 1 1 1 1_	
CORPORATION 1	NAME(S) & DOCUMENT NUMBER(S)	, (if known):	
2	oration Name) (Document #)	: 	
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4(Corp	oration Name) (Document #)  Pick up time	:	SEGRETARY OF CORP. 97 NOV 24 AM
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4(Corp  Walk in  Mail out  NEW FILINGS	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director	Certified Copy	YOF STATE A
4(Corp  Walk in  Mail out  NEW FILINGS  Profit	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent	Certified Copy	YOF STATE A
4(Corp  Walk in  Mail out  NEW FILINGS  Profit NonProfit	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal	Certified Copy	
4(Corp  Walk in  Mail out  NEW FILINGS  Profit NonProfit Limited Liability	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent	Certified Copy	YOF STATE A
4. (Corp  Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal	Certified Copy	YOF STATE A
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	Certified Copy	YOF STATE A
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report  Fictitious Name	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION	Certified Copy	YOF STATE A
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION  QUALIFICATION  Foreign	Certified Copy	YOF STATE A
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report  Fictitious Name	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION  QUALIFICATION  Foreign  Limited Partnership	Certified Copy	YOF STATE A

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

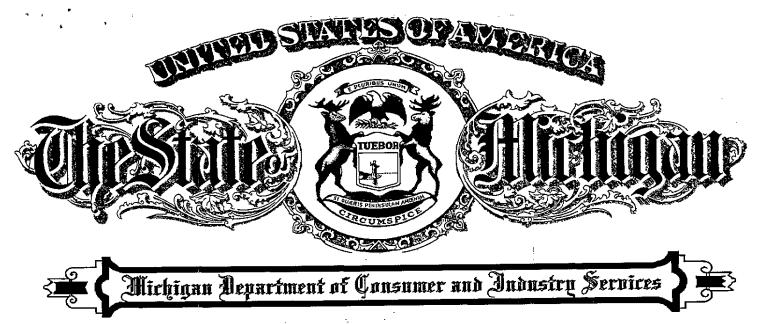
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ī	ATC Crew Company				•	
T		ATED! "COLO	AND TOOD DO	D 1 07 03 7	<del> </del>	
	(Name of corporation: must include the word "INCORPOR abbreviations of like import in language as will clearly indicate the property of participation of participations of the control of	cated, commented that it is a co	rooration instead	KAHON" or w of a natural	ords or	
	person or partnership if not so contained in the name at pre	sent)				
		•				
2.		3. <u>Appli</u>	ed For			
(	State or country under the law of which it is incorporated)	J. <u></u>		if applicable)		
			, ,	11		
4.	November 19, 1997	· .	- 1	•		
	(Date of Incorporation)	5. <u>Perpe</u> Duration: Ye	Fual ar corp. will ceas	e to eviet or "no		≆ –. − • <u>r</u>
_			- top: will oca:	e to exist of the	no E	7
6.	Upon filing				7 N SE	
	(Date first transacted business in Florida. (SEE SECTIONS	8 607.1301, 607.	1502, and 817.1:	55, F.S.)		-
				1	수 생물	
7.	745 12th Avenue South, Suite E				8~F	I
	÷9					i
	Naples, FL 34102	•	•	,	9 XX	
	(Current mailin	o address)	······································	<u> </u>	<del>2 31</del>	•
	, (00.000	5 434 (33)		•	<b>-</b> ₹	
Q	To engage in any postimity will to a	_		_		
0. <u>.</u>	To engage in any activity within the purpose(s) of corporation authorized in home state or country	irposes for	which corpo	orations ma	ay be	
Ì	londa)	y to be carried ou	t in the state of		under th	
_					ss Corpor Michigan	
9.	Name and street address of Florida registered	agent: (P.O.	Box or Mail I	Prop Box NO	or in the state of	
	acceptable)				<del></del>	
	Moreov Transport II II II II					
	Name: James H. Kabcenell			• .	-	
OH	ce Address: 745 12th Avenue South, Suite	E	- <u>i</u>			ž-2-
	Naples	, Florida	34102			
10	Degistered	,	(Zip Code)			•
	Registered agent's acceptance:					
Hav	ing been named as registered agent and to accept	t service of nr	ocass for the	thoughted		
corp	oration at the place designated in this application	n. I hereby ac	cent the appo	intment as		
regi.	stered agent and agree to act in this capacity. If	urther agree t	o comply with	the provisio	ns of	
uu S and	ing been named as registered agent and to accept coration at the place designated in this application stered agent and agree to act in this capacity. I f tatutes relative to the proper and complete perfor accept the obligations of my position as registere	mance of my	duties, and I d	ım familiar v	vith	
	p. we obligation by my position as registere	a agent.				
	- NHC		:			
	(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 addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

Address:  Vice Chairman:  Address:  Director: David M. Clark  Address: 745 12th Avenue South, Suite E  Naples, FL 34102  Director:  Address:  B. OFFICERS (Street address only- P. O. Box NOT accepts President: David M. Clark  Address: 745 12th Avenue South, Suite E	able)	97 NOV
Address:  Director:	able)	97 NOV
Director:	able)	97 NOV
Address: 745 12th Avenue South, Suite E  Naples, FL 34102  Director: Address:  B. OFFICERS (Street address only- P. O. Box NOT accepts President: David M. Clark	able)	97 NOV
	able)	97 NOV
Director:  Address:  B. OFFICERS (Street address only- P. O. Box NOT accepts  President:  David M. Clark	able)	97 NOV
B. OFFICERS (Street address only- P. O. Box NOT accepts President:	able)	97 NOV
B. OFFICERS (Street address only- P. O. Box NOT accepts President:	able)	97 NOV
President:		NON
Address: 745 12th Avenue South, Suite E		<u> </u>
•		
Naples, FL 34102		<u> </u>
Vice President:James H. Kabcenell	<u> </u>	
Address:745 12th Avenue South, Suite E		
Naples, FL 34102		
Secretary:		
Address: 745 12th Avenue South, Suite E		
Naples, FL 34102		
Treasurer:		
Address: 745 12th Avenue South, Suite E	:	
Naples, FL 34102 NOTE: If necessary, you may attach an addendum to the application of the	•	



## Lansing, Michigan

This is to Certify That

ATC CREW COMPANY

a Wichigan profit corporation, was incorporated on November 19, 1997, and said corporation is in existence under the laws of this State.

This certificate is issued to attest to the fact that the corporation is in good standing the this office as of this date and is duly authorized to transact business or conduct affairs in the Wichigan 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 19th day of November, 1997.

Corporation, Securities and Land Development Bureau