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C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street  
Address  
Tallahassee, Florida 32301  
City State Zip Phone

000002379280--7  
-12/22/97-01087-009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

*Solution Management, Inc.*

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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. SOLUTION MANAGEMENT, 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 (State or country under the law of which it is incorporated) 3. 38-3232624 (FEI number, if applicable)

4. April 21, 1995 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. JANUARY 2, 1998 (Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))

7. 22720 MICHIGAN AVE., STE. 204, DEARBORN, Michigan 48124 (Current mailing address)

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8. CONTRACT EMPLOYEE LEASING (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: C T Corporation System Office Address: c/o C T Corporation System, 1200 South Pine Island Road Plantation, Florida, 33324 (Zip Code)

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System Claudia L. Saari (Registered agent's signature) (Officer) CLAUDIA L. SAARI, ASST. SECY. (Type Name and Title of Officer)

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: \_\_\_\_\_

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

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

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

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

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

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

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

B. OFFICERS

President: Mark R. Morey

Address: 22720 MICHIGAN AVE., STE. 204  
DEARBORN, Michigan 48124

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

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

Secretary: Mark R. Morey

Address: 22720 MICHIGAN AVE., STE. 204  
DEARBORN, Michigan 48124

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Treasurer: \_\_\_\_\_

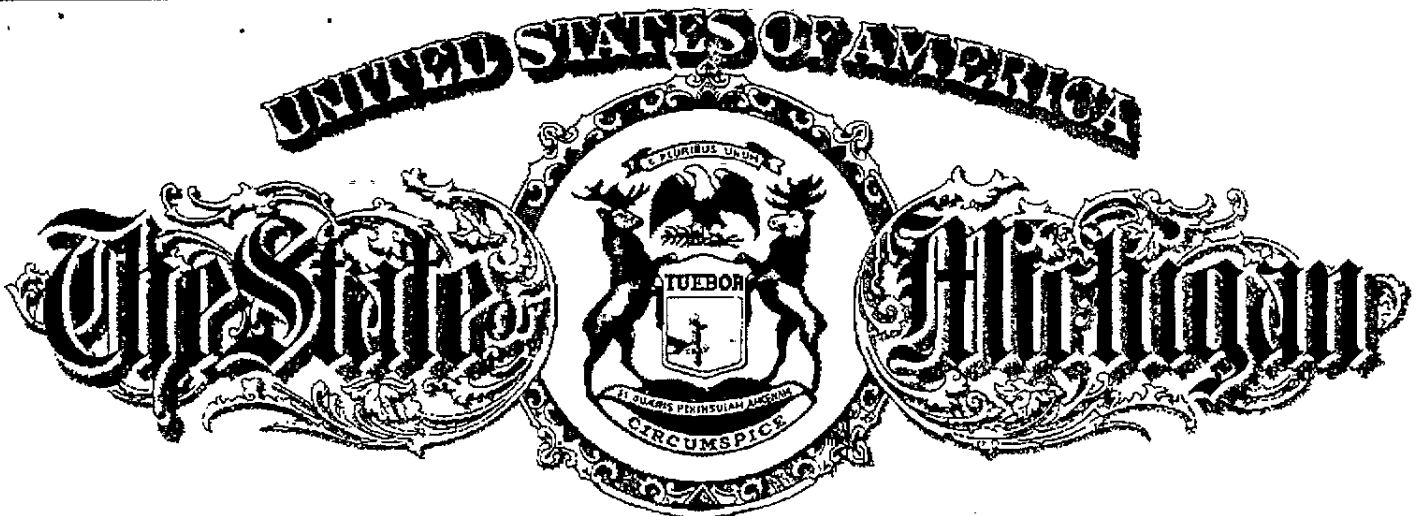
Address: \_\_\_\_\_

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

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

14. MARK R. MOREY, President  
(Typed or printed name and capacity of person signing application)

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Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

**SOLUTION MANAGEMENT, INC.**

was incorporated on April 21, 1995, as a Michigan profit corporation,  
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  
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.

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In testimony whereof, I have hereunto set my  
hand and affixed the Seal of the Department,  
in the City of Lansing, this 15th day  
of December, 1997.

*Julie Croll*

, Director