

# F99000002830

## Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
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Attn: Jeff Netherton

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-06/02/99--01063--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

## CORPORATION(S) NAME

NGS Flex, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

06/02/99

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
99 JUN -2 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUN -2 PM 2:31

FILED

AL JUN -1 1999

**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. NGS Flex, 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. 38-2978909

(FEI number, if applicable)

4. 08/28/90

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.))

7. 27575 Harper Ave. P.O. Box 7676St. Clair Shores, MI 48080

(Current mailing address)

8. Administrator Flexible Benefit Plans

(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: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T CORPORATION SYSTEMOffice Address: 1200 South Pine Island RoadPlantation, 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.*

Connie Bryan

(Registered agent's signature)

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

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)****A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**Chairman: William D. Alcott, IIIAddress: 27575 Harper Ave. St. Clair Shores, MI 48080

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

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

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

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

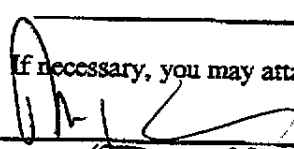
Director: \_\_\_\_\_

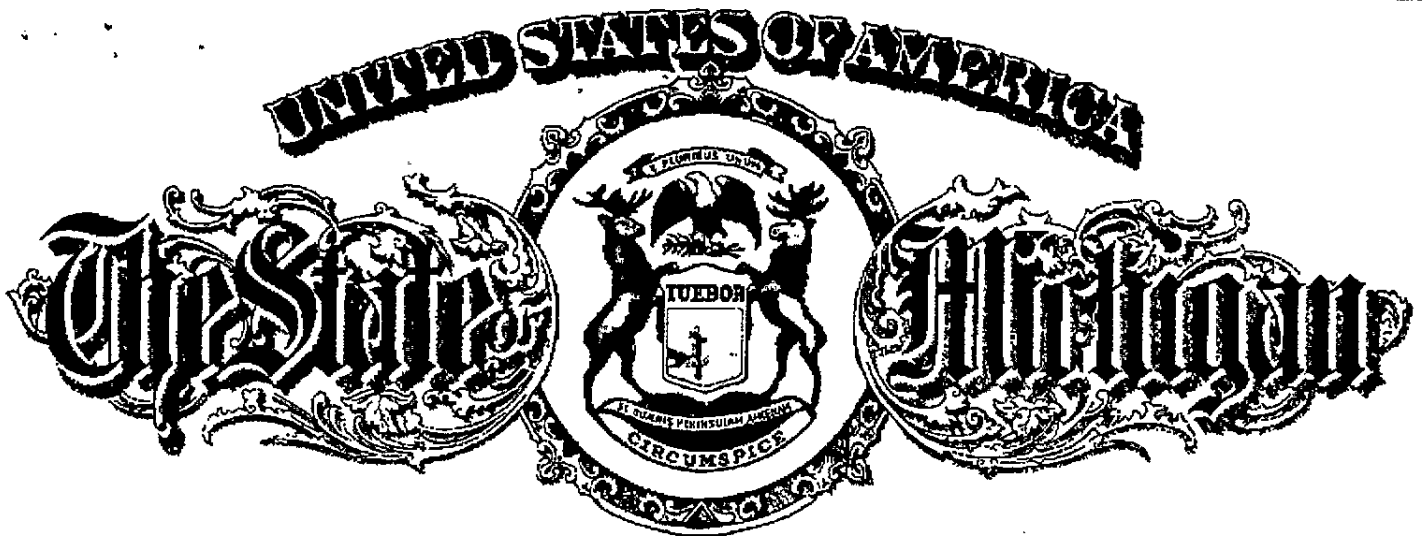
Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**President: Kimberley A. GunterAddress: 27575 Harper Ave. St. Clair Shores, MI 48080

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

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

Secretary: Michael J. VerlindenAddress: 27575 Harper Ave. St. Clair Shores, MI 48080Treasurer: Michael J. VerlindenAddress: 27575 Harper Ave. St. Clair Shores, MI 48080**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Michael J. Verlinden Chief Financial Officer, Secretary-Treasurer  
(Typed or printed name and capacity of person signing application)



Michigan Department of Consumer and Industry Services

Lansing, Michigan

*This is to Certify That*

**NGS FLEX, INC.**

*was incorporated on August 28, 1990, 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.*

FILED  
JUN - 2 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 21st day of May, 1999.*

*Julie Coll*

, Director