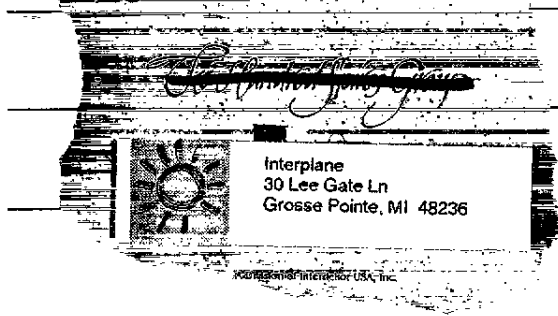


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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

200003373422--7
-08/25/00--01075--004
****125.00 ****125.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait

☐ Certified Copy
☐ Certificate of Status

FILED
00 AUG 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

00-10489

Name	831
Address	
City	
State	
Zip	
Document	
Examiner	

Examiner's Initials

Automotive Design Technologies Pension Plan
30 Lee Gate Lane
Grosse Pointe Farms, MI 48236
United States of America
Telephone: (313) 882-3400 Fax: (313) 882-3401
E-Mail Address: AutoDes@aol.com

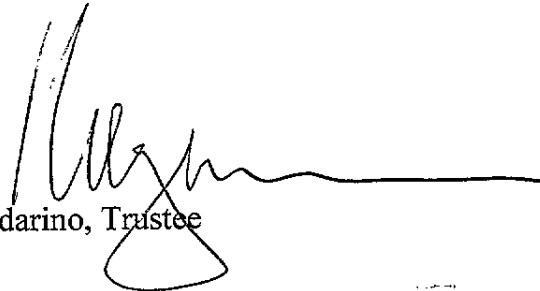
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

18 August 2000

Good Morning:

Enclosed are three copies of Interplane USA LLC's articles of organization and our check for \$125.00. Please let me know if you have any questions.

Kind regards,


Ralph J. Mandarino, Trustee

FILED
00 AUG 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RJM/KEM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERPLANE USA LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

39440 SOUTH AVENUE
ZEPHYRHILLS, FL 33540

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BENJAMIN H. DAWSON
Name
39440 SOUTH AVENUE
Florida street address (P.O. Box **NOT** acceptable)
ZEPHYRHILLS FL 33540
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Benjamin H. Dawson
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Ralph J. Mandarino
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RALPH J. MANDARINO, TRUSTEE, AUTOMOTIVE
Typed or printed name of signee

DESIGN TECHNOLOGIES

Filing Fees: PENSION PLAN

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
NO AUG 25 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA