# 100002112

#### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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### FOREIGN LIMITED LIABILITY COMPANY

Crosswinds Consulting, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION	ON 608.503, FLORIDA STATU. TO TRANSACT BUSINESS IN T	IES, THE I HE STATE	FOLLOWING IS SL OF FLORIDA:	BMITTED TO RE	GSTER A	FOREIGN
: Crosswinds Cons	ultino, L.L.C.					
1. 01039#222	(Name of foreign	limited liab	lity company)			
2. <u>Michigan</u> (Jurisdiction under the law of we company is organized)	hich foreign limited liability		•	if applicable)	······································	<u> </u>
4. June 8, 2000 (Date of Organia	ration)	Ourat	petual on: Year limited ha or "perpetual")	bility company wi	ll cease to	
6. Upon Qualificat (Date first trans	10n sacted business in Florida. (Se	e sections (	08.501, 608.502, a	nd \$17.155, F.S.)	<del></del>	
7. 41050 Vincenti	Court					
	π.					
Novi, MI 4837	(Street addre	s of princi	al office)		٠	_ 2
8. If limited liability comp					SECAH	FILED
9. The usual business addr	esses of the managing me	embers or	managers are a	s follows:	355	5 T
Bernard Gliebe	rman	·			17.	是与
41050 Vincenti	Court					12: III
Novi, MI 4837	5				Pr.	) ——
10. Attached is an original certifi the jurisdiction under the law of a translation of the certificate under	which it is organized. (A photo	copy is not	duly authenticated coeptable. If the cen	nncaleisma ioreș To engage	in any :	a Lawful
11. Nature of business or						
liability companie	es may be organized	to do	usiness in	the State of	Florid	a.
(Im s	nature of a member or an econdance with section 608.408(3 firmation under the penalties of Bernard Glieberman Typed or prin	), F.S., the estimate	xecution of this docu he facts stated herein	ment constitutes		

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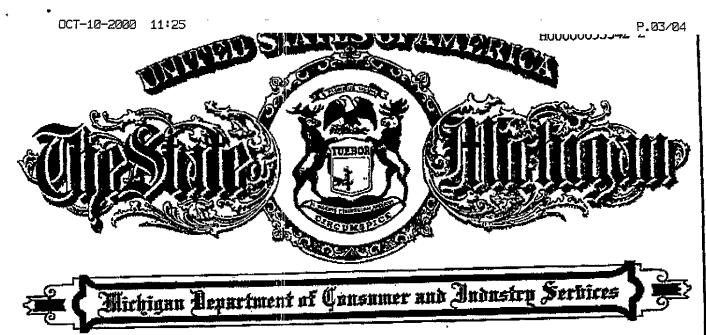
## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  Crosswinds Consulting, LLC.  2. The name and the Florida street address of the registered agent and office are:  (Name)  c/o C T Corporation System. (Name)  c/o C T Corporation System, 1200 South Fine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)  Flantation  FL 33324  City/State/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.  C T Corporation System		
2. The name and the Florida street address of the registered agent and office are:  (Name)  (Name)  c/o C T Corporation System, 1200 South Fine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)  Flantation  FL 33324  City/State/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 agent are the manage of my duties, and I am familiar with and accept the	1. The name of the Limited Liability Company is:	
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PETER F. SQUZA ASSISTANT SECRETARY	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  CT Corporation System  (Signature)  PETER F. SOUZA ASSISTANT SCREEN	
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Conv (ontional)	\$ 25.00 Designation of Registered Agent	

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\$ 5.00 Certificate of Status (optional)



Lansing, Michigan

This is to Certify That

CROSSWINDS CONSULTING, L.L.C.

a Michigan limited liability company, filed Articles of Organization in this office on June 8, 2000.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.

This certificate is in due 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 16th day of August, 2000.

, Director

Corporation, Securities and Land Development Bureau

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