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| (Req | uestor's Name) | ····· |
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| (City/ | State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (Busi | ness Entity Nan | ne) |
| (Doci | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fi | ling Officer: | |
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FILED 2003 DEC 24 PM 2: 41 2017 JUN OF CORPORATION ALLAHASSEE, FLORIDA

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J. BRYAN DEC 2.6 2005



RECEIVED DEC 11 2003

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 4, 2003

BRIAN BRINK TLC RESOURCES LLC 8300 LOGISTIC DRIVE ZEELAND, MI 49464

THIS DEC 24 PH 2: 41

We have received your document for TLC RESOURCES LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 203A00065316

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability company) 1. (Jurisdiction under the law of which foreign limited liability company is organized) 3. <u>74-3104580</u> (FEI number, if applicable) 5. <u>(Duration: Year limited liability company w</u> exist or "perpetual") (Date of Organization) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 6. 7. _ 8300 Logistic Dance 49464 (Street address of principal office)

- 8. If limited liability company is a manager-managed company, check here \mathbf{V}
- 9. The name and usual business addresses of the managing members or managers are as follows:

Docorran, Lory Samer, Bob Koener 8300 Leogistric. Drive Eveland Mi, 49464

- 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
- 11. Nature of business or purposes to be conducted or promoted in Florida: ______

Automacing Sewace Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Brian Brink Typed or printed name of signee

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; TLE Resourced, Lik 2. The name and the Florida street address of the registered agent and office are: C T Corporation System (Name) c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation, 33324 \mathbf{FL} (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.

| Be Munda White | | Brenda L. White Asst. Secretary | |
|----------------|-----------|--|--|
| (Signature) | | | |
| | \$ 100.00 | Filing Fee for Application | |
| | \$ 25.00 | Designation of Registered Agent | |
| | \$ 30.00 | Certified Copy (optional) | |
| | | | |

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TLC RESOURCES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 2003.





3696844 8300 030767236

Warriet Smith Windson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2810706

DATE: 12-13-03