Florida Department of State Division of Corporations

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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FOREIGN LIMITED LIABILITY COMPANY
Stateway Lando 436, L.L.C.

Stateway Lando 436, L.L.C.

Certificate of Status	6
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Charles Pina Manu

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

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STATEWAY LANDO 416, L.L.C.	eign limited lighility company)	-
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MICHIGAN Jurisdiction under the law of which foreign limited liabil	3. 36-7343152 ity (FEI number, if applicable)	_
company is organized)	to the contract of militarian	
12-31-97	5 PERPETUAL	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpenual")	-
upon filing		
(Date first transacted business in Florida.	(See sections 608.501, 608.502, and 817.155, F.S.)	
One Towne Square, Suite 1600		Si
		7
SOUTHFIELD, MI 48076	~	MIO.
(Street add	irese of principal office)	
If limited liability company is a manager-mana	and commany, check here	3
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The name and usual business addresses of the r	(See sections 608.501, 608.502, and 817.153, F.S.) fress of principal office) ged company, check here managing members or managers are as follows:	0
Belan M. Hermelin, One Towne Square, Smite 1608, Sc	nuthfield, Mt 48076	~
		-
	nan 90 days old, duly authenticated by the official having custody of	
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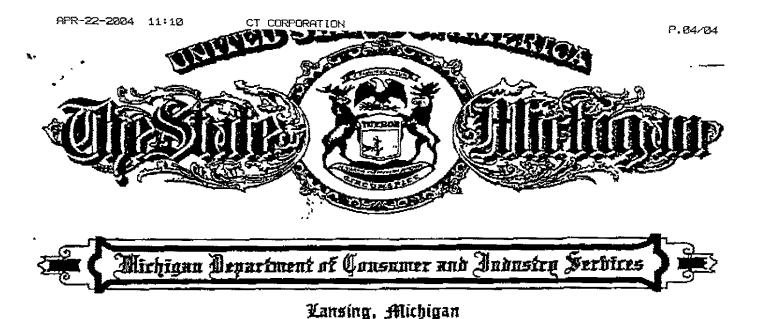
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

	of the Limited Liabili	ity Company is:		
2. The name	and the Florida sweet	address of the registered	dagent and office are:	
		C T Corporation System	2	
		(Name)		
		poration System, 1200 South street address (P.O. Box <u>NC</u>		OW APR 22
	Plantation,	(City/State/Ztp)	33324	PCORPORATION 1
liability compo registered age standes relativ	ony at the place design on and agree to act in ig to the proper and o igations of my position	gent and to accept service that of this capacity. I further a complete performance of a complete performance of a complete performance of the	hereby accept the appoingree to comply with the my duties, and I am fami	re stated limited intment as provisions of all iliar with and

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



This is to Certify That

STATEWAY LANDO 436, L.L.C.

was validly organized on December 11, 1997 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligation

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

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, in the City of Lansing, this 1st day of April, 2004

Bureau of Commercial Services

,Director