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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Broker One, P.L.C. (Name of Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busin Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Mary L Kaczmarek (Name of Person)	
Broker One, P.L.C. (Firm/Company)	
114 First Street, Bay City, MI 48708 (Address)	
Bay City, MI 48708 (City/State and Zip Code)	PINISIAID SINIO
For further information concerning this matter, please call: Mary L Kaczmarek at (989) 893-0311	
Mary L Kaczmarek at (989) 893-0311	о <u>"</u> Л <u>б</u>
(Name of Person) (Area Code & Daytime Telephone Number)	: + •
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status	

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:

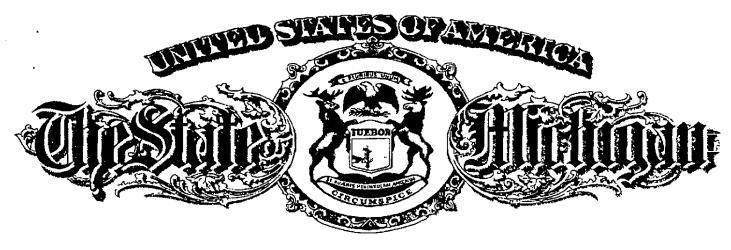
1. <u>Broker C</u>	ne, P.L.C.				_
	One, P.L.C. (Name of Foreig	n Limited Liabil	ity Company)		
2. Michigan (Jurisdiction under company is organiz	the law of which foreign limite ed)	3	38-3284223 (FEI number, if a	pplicable)	• ,
4. <u>03/27/19</u> (Dat	96 e of Organization)	5	Perpetual Duration: Year limited liability exist or "perpetual")	company will cease to	
6. <u>Upon Li</u>	Censure (Date first transacted bus (See sections 608.501 & 6	iness in Florida 08.502 F.S. to d	if prior to registration.) etermine penalty liability)	<u></u>	-
7. <u>Broker On</u>	e. P.L.C.				
114 First	Street, Bay City	, MI 48 et Address of Pr			-
	(Stre	et Address of Pr	incipal Office)		
8. If limited liabil	ity company is a manager-	managed con	pany, check here 💌		
9. The name and t	usual business addresses o	f the managin	g members or managers a	re as follows:	
Marv L	Kaczmarek, 114 Fi	rst Stree	et, Bay City, MI	48708	Ε3
_		·			\$150 0.314
			······································		
the jurisdiction under th	inal certificate of existence, no mo ne law of which it is organized. (a cate under oath of the translator n	A photocopy is n	ot acceptable. If the certificate is i	cial having custody of rec	2. T
	ness or purposes to be con				ų:
11. Ivaluic of ousi	ness of purposes to be con	ducted of pro	moted in Piorida.		
Mortgage	(In accordance with section 6	r or an author 08.408(3), F.S., th	0		•
		y L Kaczi			
	Typed	or printed nan	ne 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:	
Broker One, P.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
Mary L Kaczmarek (Name)	-
888 Intercoastal Drive, Apt 7D Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Ft Lauderdale FL 33304 City/State/Zip	p
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida State (Signature)	nt as registered l statutés 💍 📋 accept the

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



Michigan Department of Consumer and Industry Services

Lansing, Michigan

This is to Certify That

BROKER ONE, P.L.C.

was validly organized on March 27, 1996 as a Professional Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

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 3rd day of August, 2004

Bureau of Commercial Services

.Director

BCS/CD 2700F (11/03)

BUREAU OF COMMERCIAL SERVICES, CORPORATION DIVISION 2004 PROFESSIONAL LIMITED LIABILITY COMPANY ANNUAL STATEMENT AND ANNUAL REPORT



Required by Section 207 and 909, Act 23, Public Acts of 1993

,	FOR BUI	REAU USE ONLY	-	
Identification Number	Limited Liability Company name			
B03565	BROKER ONE, P.L.C.	-		
Resident agent name and mailing MARY L KACZMAF 114 FIRST STREE BAY CITY MI 4870	REK T			
The address of the registered office 114 FIRST STREET			. ,	
BAY CITY MI 48708		.e		
Report changes in mailir	ng address of registered office	, resident agent or regis	tered office address below	
Mailing address of registered of the state of the st	ffice in Michigan (may be a P.O. Box)	,	2. Resident Agent	
3. The address of the registered	office in Michigan (a P.O. Box may not be	designated as the address of the	registered office)	
were authorized in accordance w	lress of its registered office and the busine ith the operating agreement, by the affirma vith Section 405, or the resident agent if or	tive vote of a majority of the mem	pers in accordance with Section 502,	
4. List names and addresses of a	Il members and managers. Attach addition	nal sheets if necessary. DO NO	STAPLE.	
Name I	Street Address スパスなど	City		Zip Code
Name	Street Address	City	State	Zip Code
Name	Street Address	City	State	Zip Code
Name	Street Address	City	State	Zip Code
Name	Street Address	City	State	Zip Code
	manager is a licensed person in one or r or manager not licensed or otherwise onal services in this state.			
5. The document is hereby signed as	required by the Act. Title) Date 2 . 1 2	- 2004 Phone (Optional)	. [.]
Annual Report Fee: \$50. Annual Statement Fee: \$25.	I	•	oney order payable to the State of Mich ment of Consumer & Industry Service	

Bureau of Commercial Services, Corporation Division

P.O. Box 30481

Annual Statement and Report Due February 15, 2004.

\$75.00

Total Fee Due: