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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number (950) 222-9428

FOREIGN LIMITED LIABILITY COMPANY CBIZ McClain Accounting, Tax & Advisory, LLC Certificate of Status

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

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2005 FEB -2 A 9: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | (Name of Foreign Limited | Li | ining Company) |
|--|--|-------------|--|
| Delaware | | 3 | 34-1880215 |
| | e law of which foreign limited liability | | (FEI number, if applicable) |
| 11/19/2004 | | 5 . | perpetual |
| | of Organization) | -, | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 1/1/2005 | | | ~ · |
| | (Date first transacted business in) (See sections 608.501 & 608.502 F. | Jor S. t | ida, if prior to registration.) o determine penalty liability) |
| 6050 Oak Tree Blvd | , Suite 500, Cleveland, Ohio 44131 | | · · · · · · · · · · · · · · · · · · · |
| | l plante, | | |
| | Count Address | | (Principal Office) |
| | company is a manager-manage | | |
| Jerome P. Grisko, Jr | ., 6050 Oak Tree Blvd., Suite 500, Cle | vel | and, Ohio 44131 |
| | | | |
| Attached is an existing | | | ys old, duly authenticated by the official having custody of recision acceptable. If the certificate is in a foreign language, a |
| jurisdiction under the salation of the certifical | cunier onth of the translator must be sol | a (ni | teri.) |
| jurisdiction under the station of the certifical Nature of business | evoder onth of the translator must be said as or purposes to be conducted a | a (ni | teri.) |
| jurisdiction under the station of the certifical Nature of business | evoder onth of the translater must be saless or purposes to be conducted a rvices. | a (ni | teri.) |
| jurisdiction under the estation of the certifical | evoder onth of the translator must be sulted to see an expression of the translator must be sulted to see a conducted to see a second s | or F | orized representative of a member. |
| jurisdiction under the islation of the certifical . Nature of busine | econder onth of the translator must be sales or purposes to be conducted a rvices. Signature of a member or an artifact (In accordance with section 608.408(3). | or F | orized representative of a member. |

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

| The name of the Limited Li | ability Company | is: | | |
|---------------------------------|---------------------|------------------|----------------------|---------|
| BIZ McClain Accounting, Tax & A | | | | |
| SIZ WECKER ACCOUNTING, THE REAL | mrably, LLC | | | <u></u> |
| The name and the Florida st | treet address of ti | he registered a | gent and office are: | |
| | | - | | |
| • | CT Cox | potetion System | °# | |
| | | (Name) | | . , |
| | | | | |
| | | h Pine Island Ro | | |
| Flo | rida Street Address | (P.O. Box NOT | ACCEPTABLE) | |
| | | | | |
| P | lantation | 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, Florida Statutes.

C T Corporation System

By: Diane Stout, Asid 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)

PAGE



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CBIZ MCCLAIN ACCOUNTING, TAX & ADVISORY, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAKES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Hindson Secretary of Street

AUTHENTICATION: 3636846

DATE: 01-24-05