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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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05/19/05--01084--013 **255.00

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--------------------|--------------------|-------|
| SUBJECT: STENGAL SWANN ASSOCIATES, L | | | | |
| (Name of L | imited Liability Company) | | | |
| The enclosed "Application by Foreign Limited I Florida," Certificate of Existence, and check are liability company to transact business in Florida | submitted to register the above referenced f | | | |
| Please return all correspondence concerning this | s matter to the following: | | | |
| | | | | |
| Michelle C. Otis, Es | squire | | | |
| | Name of Person) | 3,5 | 051 | |
| | | 돌윢 | À | |
| Peter M. Schneiderman & Associates, | P.C. | -5× | 27 | = |
| (| (Firm/Company) | 350 | 05 MAY 27 PM 3: 3. | וובעט |
| | | E S | ⊒ E ω | _ |
| 23100 Providence Drive, Suite 450 | | 景 | င္မ်ာ | |
| | (Address) | > ∴. | 8 | |
| | , | | | |
| Southfield, MI 48075 | | | | |
| | /State and Zip Code) | - | | |
| For further information concerning this matter, | • • | | | |
| Michelle C. Otis, Esquire | at (248) 539-7400 ext. 225 | | | |
| (Name of Person) | (Area Code & Daytime Telephone N | lumber) | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| 409 E. Gaines Street | P.O. Box 6327 | | | |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 | | | |

Enclosed is a check for the following amount:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 25, 2005

MICHELLE C. OTIS 23100 PROVIDENCE DRIVE STE 450 SOUTHFIELD, MI 48075

SUBJECT: STENGAL SWANN ASSOCIATES, L.L.C.

Ref. Number: W05000026156

We have received your document for STENGAL SWANN ASSOCIATES, L.L.C. and your check(s) totaling \$255.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 505A00037689

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 Liabi | ility Company) |
|---|---|
| MICHIGAN 3 2 | 20-2788759 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (FEI number, if applicable) |
| MAY 3, 2005 5. | DECEMBER 31, 2010 |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| · | |
| (Date first transacted business in Florida (See sections 608.501 & 608.502 F.S. to o | i, if prior to registration.) letermine penalty liability) |
| 3000 TOWN CENTER, SUITE 540 | |
| SOUTHFIELD, MI 48075 | 74 |
| (Street Address of P | rincipal Office) |
| If limited liability company is a manager-managed cor | mpany, check here mpany, check here managers are as follows: |
| The name and usual business addresses of the managir | ng members or managers are as follows: |
| MR. RONALD K. WEISS | Si co |
| 3000 TOWN CENTER, SUITE 540 | \$ 38 8 38 |
| SOUTHFIELD, MI 48075 | |
|). Attached is an original certificate of existence, no more than 90 days | old, duly authenticated by the official having custody of rec |
| e jurisdiction under the law of which it is organized. (A photocopy is r | not acceptable. If the certificate is in a foreign language, a |
| nslation of the certificate under oath of the translator must be submitted | d) |
| 1. Nature of business or purposes to be conducted or pro | omoted in Florida: MANAGEMENT OF MOBILE |
| | , |
| mult | |
| Signature of a member or an author | |
| (In accordance with section 608.408(3), F.S., ti an affirmation under the penalties of perjury the | |

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 | f the Limited Liability Company is: |
|--|---|
| Stengal Swann A | Associates, L.L.C. |
| 2. The name ar | nd the Florida street address of the registered agent and office are: |
| | Mr. Michael Kass, Esquire - Kass Hodges, P.A. |
| | (Name) |
| | 1505 N. Florida Avenue |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| | TAMPA, FL 33602 |
| | City/State/Zip |
| liability compan agent and agree relating to the p | amed as registered agent and to accept service of process for the above stated limited by at the place designated in this certificate, I hereby accept the appointment as registered by act in this capacity. I further agree to comply with the provisions of all statutes broper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes. |
| • | (2)Bustrice) |

\$ 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 Labor & Economic Growth

Lansing, Michigan

This is to Certify That

STENGAL SWANN ASSOCIATES, L.L.C.

was validly organized on May 4, 2005 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 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 11th day of May, 2005

Bureau of Commercial Services

,Director