Florida Department of State

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Account Name : C T CORPORATION SYSTEM Account Number : PCA000000023

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

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ORIDA/FOREIGN LIMITED LIABILITY CO

Design Craftsmen LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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

IN COMPLAINCE WITH SECTION BIRSIE, FLOREM STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: Design Craftsmen LLC
(Name of Foreign Limited Liability Company) Michigan
(furnidation under the law of which foreign limited liability
company is organized) 77-0603227 (FEI numbet, if applicable) July 28, 2003 (Date of Organization) Perpotual (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) P.O. Box 2126 2200 James Savage Rd. Midland, NI 48641-2126 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, theck here 9. The name and usual business addresses of the managing members or managers are as follows: Toby Rica PO Box 2126, 2200 James Savage Rd. Midland, MI 48641-2126 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. Name of business or purposes to be conducted or promoted in Florida: Huseum Exhibit Febrication Signature of a member or an authorized representative of a member. (in apportance with section 508.408(3), F.S., the execution of this decounter constitutes 38 officeacien under the parallies of particly that the fore extend baseln are true;

John T. Doering, CFO

Typed or printed name of signee

PLAST - MORREY O'T Syrick Grides

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DESIGN CRAFTSMEN

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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.

i. The name of the	Limited Liability Company is:			
E	esign_Craftsmen_LLC			
2. The name and th	e Florida street address of the registered agent and office are:	SECPE	DE MAY	
	C T Corporation System	五倍	N	<u></u>
	(Name)	SHOOT OF THE COLUMN TO THE COL	2	
	1200 South Pine Island Road	골길	3	U
	Floride Street Address (F.O. Box MOT ACCEPTABLE)	SS (2)	<u> </u>	
	•)F STATE FLOAIDA	00	
	Plantation, Floride 33324			
	City/State/Zin			

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 famillar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Calledon G. States.

(Signature)

Claudia L. Saari Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Lansing, Michigan

This is to Certify That

DESIGN CRAFTSMEN LLC

was validly organized on July 28, 2003 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 affect to the fact that the company is in good standing in Michigan as of this date.

This octilionic is in due form, made by me as the proper officer, and is entitled to have full falls and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 882147 In testimony whereof, I have hereunio set my hand, in the City of Lansing, this 22nd day of May, 2006

,Director

Bureau of Communcial Services