iestor's Name)	
ess)	
ess)	
O. 1. 17: 101	10
state/Zip/Phone	e #)
TIAW	MAIL
ness Entity Nar	me)
<b>-</b>	
rment Number)	
Certificates	e of Status
Certificates	or Clatus
ling Officer:	
] -	$\gamma / 1$
	И
$\mathcal{L}$	
)	
,	11 I
	ess)  State/Zip/Phon  WAIT  mess Entity Narr  ment Number)

Office Use Only



200094188702 PM 2: 30 SECRETARY OF SIATE AHASSEE, FLORID,

03/29/07--01014--011 \*\*160.00

州 三 19



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

March 29, 2007

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 OTHROSEE, FLORIDA

Re:

Order #: 6887494 SO

Customer Reference 1:

none given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Dickinson Wright PLLC (MI) Registration Florida

Dickinson Wright PLLC (MI) Cert Copy of Application for Authority-Foreign Florida

Dickinson Wright PLLC (MI) Certificate of Status-Domestic Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley.Mitchell@wolterskluwer.com

## 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:

DICKINSON WRIGHT PLLC (Name of Foreign Limited	Tie	ability Company)
(warne of Foreign Littlifed	LLI	ability Company)
MICHIGAN	3.	38-1364333
(Jurisdiction under the law of which foreign limited liability company is organized)	•	PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")
1/1/1998	5.	PERPETUAL
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
N/A	21	7
(Date first transacted business in F (See sections 608.501 & 608.502 F.	S, t	o determine penalty liability)
4383 GLENEAGLES DRIVE, BOYNTON BEACH, FL 33	343	6- 4802
P.O. BOX 243351, BOYNTON BEACH, FL 33424-3351		
(Street Addres	ss of	Principal Office)
The name and usual business addresses of the ma		
· · · · · · · · · · · · · · · · · · ·	ch i	an 90 days old, duly authenticated by the official having t is organized. (A photocopy is not acceptable. If the certinder oath of the translator must be submitted.)
. Nature of business or purposes to be conducted of	or p	promoted in Florida: <u>LEGAL SERVICES</u>
BemadetteMA	W	cueley
Signature of a member or an a	uth	norized representative of a member, the execution of this document constitutes
Signature of a member or an a	uth F.S	norized representative of a member, the execution of this document constitutes

Typed or printed name 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.

. The name of the Limited Liability Company is:	
DICKINSON WRIGHT PLLC	<del></del>
2. The name and the Florida street address of the registered agent and office are:	,
C T Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation, Florida 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.

By: C.I. Corporation System

(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)

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

### **ATTACHMENT**

ITEM #9 - NAME AND USUAL BUSINESS ADDRESSES OF THE MANAGING MEMBERS:

JAMES A. SAMBORN

500 WOODWARD AVE,

**SUITE 4000** 

DETROIT, MI 48226-3425

BERNADETTE M. DENNEHY

500 WOODWARD AVE,

**SUITE 4000** 

DETROIT, MI 48226-3425

THOMAS G. MCNEILL

500 WOODWARD AVE,

**SUITE 4000** 

DETROIT, MI 48226-3425

WILLIAM T. BURGESS

500 WOODWARD AVE,

**SUITE 4000** 

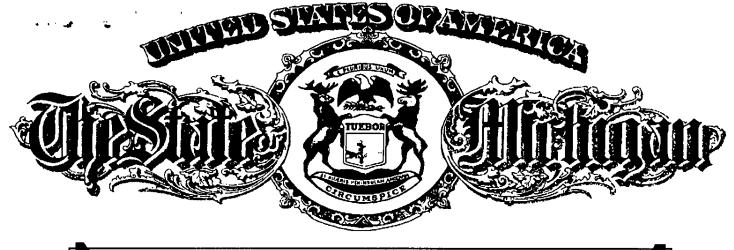
DETROIT, MI 48226-3425

TERENCE M. DONNELLY

38525 WOODWARD AVE.

**SUITE 2000** 

BLOOMFIELD HILLS, MI 48304-5092





Lansing, Michigan

This is to Certify That

#### DICKINSON WRIGHT PLLC

was validly organized on January 1, 1998 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 16th day of March, 2007

Bureau of Commercial Services

,Director