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TALLAHASSEE, FLORIDA

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*ALSO LICENSED IN COLORADO

*ALSO LICENSED IN DISTRICT OF COLUMBIA

*ALSO CERTIFIED PUBLIC ACCOUNTANT

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*ALSO LICENSED IN GEORGIA

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Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Thomas M. Walker, LLC

Dear Sir or Madam:

Enclosed please find the following regarding the application for authorization of Thomas M. Walker, LLC to transact business in Florida:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, with attached Certificate of Good Standing from the State of Michigan;
- 2. Certificate of Designation of Registered Agent/Registered Office; and
- 3. Check in the amount of \$125.00, made payable to the Florida Department of State.

Please process this application as soon as possible. If you have any questions on this transfer, please contact the undersigned.

Very truly yours,

FRASER TREBILCOCK DAVIS & DUNLAP, P.C.

Edward L Castellan

EJC:dmr Enclosures

cc: Thomas M. Walker (w encls.)

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of For	reign Limited Lial	bility Company)	
/lichigan		. ૧	20-1005455	
	r the law of which foreign lin zed)		(FEI number, if applicab	le)
April 16, 200	4	5.	Perpetual	
(Da	ate of Organization)		(Duration: Year limited liability comprexist or "perpetual")	iny will cease to
Proposed - Ju				
	(Date first transacted (See sections 608.501	business in Floric & 608.502 F.S. to	la, if prior to registration.) determine penalty liability)	
438 E. Rosse	etti			
Nokomis, FL	34275			
		Street Address of	Principal Office)	
If limited liabi	lity company is a manag	er-managed co	mnany check here	
ii idaa mor	my company to a money	,0 00gBHMH1-10.	Authority, enter Hore	•
The name and	usual business addresse	s of the manag	ing members or managers are as f	bilows:
Thomas Walk	er			
		 		7.4
438 E. Rosse	:tti	•		
Nokomis, FL	. 34275	,		
			s old, duly authenticated by the official har snot acceptable. If the certificate is in a for	
	ficate under eath of the translat			edin an Srude's
relation of the certi-			Color of una	d aana
		'A SA batauthur'		u cais.
	siness or purposes to be	conducted (if p	romoted in Florida: Sales of use	
	siness or purposes to be		romoted in Florida: Sales of use	77 N.T % a 149-14-14-14
	Mom		romoted in Florida: Sales of use	5-0.
	Signature of a mem	~ M. W	orized representative of a member	
	Signature of a mem	w. W. W. When on 608.408(3), F.S.,		7007 TAL
	Signature of a mem	w. W. W. When on 608.408(3), F.S.,	orized representative of a member	2007 JUN SECRET
	Signature of a mem (In accordance with section an affirmation under the Thomas Walker	w. W. W. When on 608.408(3), F.S.,	orized representative of a member the execution of this document constitutes that the facts stated herein are true.)	2001 JUN -5 SECRETARY
	Signature of a mem (In accordance with section an affirmation under the Thomas Walker	ther or an author 608,408(3), F.S., penalties of perjury	orized representative of a member the execution of this document constitutes that the facts stated herein are true.)	2007 JUN SECRET

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 Com	pany is:	
Thomas N	M. Walker, LLC		
2. The name	e and the Florida street address	s of the registered agent and office	are:
	Thomas Walker		
		(Name)	
	438 E. Rossetti		
	Florida Street Ac	idress (P.O. Box NOT ACCEPTABLE)	
	Nokomis	FL 34275	
		City/State/Zip	
liability compagent and agreed that ing to the	nany at the place designated in ree to act in this capacity. I fu e proper and complete perform	to accept service of process for the this certificate, I hereby accept the rther agree to comply with the provisance of my duties, and I am familiant as provided for in Chapter 608, I	appointment as registered isions of all statutes r with and 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)

FILED

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Lansing, Michigan

This is to Certify That

THOMAS M. WALKER, LLC

was validly organized on April 16, 2004 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.

COMMERCIAL STATES

Sent by Facsimile Transmission B5707Q In testimony whereof, I have hereunto set my

in the City of Lansing, this 31st day of May,

Bureau of Commercial Services

IJUN -5 PM 3: 30
ECHANO ARY OF GRATE
LLAYSYNSSEE, FLORIDA