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## **COVER LETTER**

_	ation Section on of Corporations		
SUBJECT: _		CONSULTING Lited Liability Company)	.LC
Florida," Certi	Application by Foreign Limited Lial ficate of Existence, and check are surnly to transact business in Florida		
Please return a	ll correspondence concerning this m	atter to the following:	
_	DR. RAJ	ALUHA VI	
		me of Person)	· · · · · —
_	Clo Innvoma	t Consulting LLo m/Company)	د
	(Fire	m/Company)	O:
_	4494 HAWTHO	RN DR.	7 AUG
	(	(Address)	
_	AUBURN HILLS,		EF STAR
	(City/Sta	ate and Zip Code)	Divin (2)
For further info	ormation concerning this matter, plea	ase call:	
<del>u</del>	RAJIV AHUJA	_at ( <u>248</u> <u>) 475-</u> (Area Code & Daytim	-97 <del>5</del> 5
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Division P.O. Bo	ING ADDRESS: n of Corporations ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center C. Tallahassee, FL 32301	
	heck for the following amount: 00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of }\text{Certificate of }\text{S130.00 Filing Fee }\text{Substitution}		\$160.00 Filing Fee, Certificate of Status & Certified Copy

## 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:
1. Innvariat Consulting LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Michigan (Jurisdiction under the law of which foreign limited liability 3. 38-3762023 (FEI number, if applicable)
company is organized)
4. 30 Tuly, 2007  (Date of Organization)  5. Ver perual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. No business transacted so far.  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4494 HAWTHORN DR.
AUBURN HILLS, MI, 48326 ST TO (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
DK. RAJIV AHUJA
4494 HAWTHORN DR.
AUBURN HILLS, MI, 48326
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. Nature of business or purposes to be conducted or promoted in Florida: To proude
11. Nature of business or purposes to be conducted or promoted in Florida: To proude  engineering, educational and business management consulting services.  Signature of a member or an authorized representative of a member.  (To accordance with section 608 408(3) E.S. the execution of this document constitutes
Jajwanya.
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
RAJIV AHUJA
Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

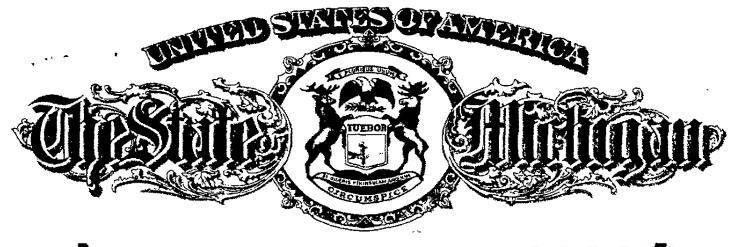
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Innvomat Consulting LLC			
If name unavailable, the alternate name to be used in the state of Florida is:			_
2. The name and the Florida street address of the registered agent and office are:	SECRETARY TALLAHASSI	07 AL	
Dr. RAJIV AHUJA (Name)	HASS	<u> </u>	Section 2
(Name)	F 1 2		ξ.
40 UCT Coatings, Inc. 7825 SW Ellipse Way	FLORID	A	
7825 SW Ellipse Way	OR :	= (	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	A.S.	رد ار	
Stuart, FL 34997 City/State/Zip	<del></del>		, as = =

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.

(Signature)

\$ 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

INNVOMAT CONSULTING LLC

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SECRETARY OF STATE

was validly organized on July 30, 2007 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 3rd day of August, 2007

Bureau of Commercial Services

,Director