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| (Requestor's Name) | | | | |
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| (City/Chata/7in/Dhana #\ | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

3 Grandview Dr. Shalimar, FL 32579 March 1, 2008

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

Dear Department of State:

Please find enclosed my application to transact business in Florida for Michel's Services LLC., and fees for filing the application and designating a registered Agent.

Also please find a very recent original certificate of existence with status in good standing for Michel's Services LLC. from the state of Nevada.

Thanking you for your approval and cooperation.

Sincerely,

John M. Aliman III

Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2008

JOHN M. ALLMAN III 3 GRANDVIEW DRIVE SHALIMAR, FL 32579

SUBJECT: MICHEL'S SERVICES LLC

Ref. Number: W08000011895

We have received your document for MICHEL'S SERVICES LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

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

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 108A00014072

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|--|
| Members of MICHEL'S SERVICES LLC., (Name of Limited Liability Company) |
| a limited liability company duly organized and existing under the laws of |
| NEVADA (State or Country of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: 3/26/2008 Signature(s) of Manager(s) and/or Managing Member(s): |
| John 98, CIRMONITO MANAGER 35 8 |
| ORDE OR |
| |
| |
| |

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: (FEI number, if applicable) 3 /14 / 0 **3**(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) Dr. John M. Allmai 3 Grandview Dr Shalimar, FL 32579 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: JOHN M. ALLMAN III 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: Recs 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.)

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.

| ı. | The name of the Limited Liability Company is: | | |
|----|---|---|---|
| _ | MICHEL'S SERVICES LLC | | |
| 2. | The name and the Florida street address of the registered agent and office are: | SECT TALL | M |
| | John M. ALLINSON TIL | R 28 A | |
| | Florida street address (P.O. Box NOT ACCEPTABLE) | Dr. John M. Alman, Inc. 3 Grandview B. A. 1615 | - |
| | Shafings-FL 32579 (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, F.S.

John W. Wagen Ty
(Signature)

The name of the Limited Liebility Comments

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MICHEL'S SERVICES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 5, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2008.

ROSS MILLER Secretary of State

Ву

Certification Clerk