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| (Re                                     | equestor's Name)  | )           |  |  |
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| (Bu                                     | siness Entity Na  | me)         |  |  |
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600121636916



B. KOHR

APR - 7 2008

**EXAMINER** 





ACCOUNT NO. : 072100000032

REFERENCE: 496/184

496/184 762128

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 21, 2008

ORDER TIME : 9:30 AM

ORDER NO. : 496784-005

CUSTOMER NO: 7621289

FOREIGN FILINGS

NAME: STRATEGIC IMPROVEMENT SERVICES

LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath -- EXT# 2955

EXAMINER:

## 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:

|            | RATEGIC IMPROVEMENT SERVICE Name of Foreign Limited Liability Company; must include the company of the company  |  |                     |
|------------|--|--|---------------------|
| 1)         | Name of Foreign Limited Liability Company; must incl   | lude "Limited Liability Company," "L.L.C.," or "   | LLC.")              |
| consent o  | unavailable, enter alternate name adopted for the purp<br>of the managers or managing members adopting the alt<br>y," "L.L.C.," "LLC.")  | ose of transacting business in Florida and attach a ternate name. The alternate name must include "L                                   | copy of the writter |
| , MIC      | CHIGAN   | 3  |                     |
| (Juriso    | diction under the law of which foreign limited liability iny is organized)   | ( FEI number, if applicable)   |                     |
|            |  | exist or "perpetual")  | SAIL COMPANY        |
|            | (Date first transacted business in F<br>(See sections 608.501 & 608.502 F.S.)  6453 Holbuttele Court  50/102, MI 48/76  (Street Address)   | 5. to determine penalty masking,   |                     |
|            | Soline, MI 48176 (Street Addres  | s of Principal Office)   | 16<br>TATE          |
| 9. The     | name and usual business addresses of the manager Medicines addresses of the manager Medicines and Medicines addresses of the manager Medicines and Medicines addresses of the manager Medicines and Me | naging members or managers are as follo  |                     |
| _5         | Saline, MI 48176   |  |                     |
| the jurisd | ched is an original certificate of existence, no more than 90 liction under the law of which it is organized. (A photocon of the certificate under oath of the translator must be sub-   | ppy is not acceptable. If the certificate is in a foreign  | language, a         |
| 11. Na     | ture of business or purposes to be conducted of  | or promoted in Florida: Training   | 4                   |
|            | Consulting   |  | ·                   |
|            | (In accordance with section 608.408(3), an affirmation under the penalties of pe   | authorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.) | /w                  |
|            | Typed or printe  | ed 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.

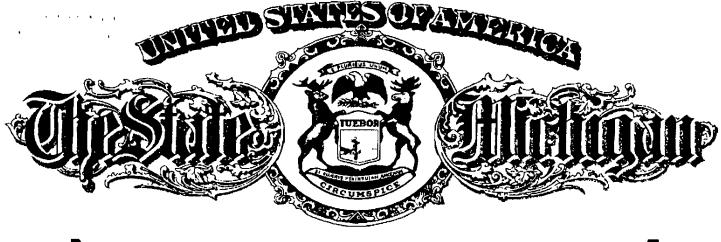
| If name unavailable, the alternate name to be used in the state of Florida is: |  |   |  |  |
|--|--|---|--|--|
| 2. The name  | and the Florida street address of the registered agent and office are: |   |  |  |
|  | Corporation Service Company  |   |  |  |
|  | (Name)   | _ |  |  |
|  | 1201 Hays Street   |   |  |  |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE)                       | _ |  |  |
|  | 20201  |   |  |  |
|  | Tallahassee FL 32301   | _ |  |  |

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.

Corporation Service Company
BY: Company
(Signature)

Amanda Roath
As its agent

\$ 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

## STRATEGIC IMPROVEMENT SERVICES LLC

was validly organized on November 28, 2001 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 2nd day of April, 2008

Bureau of Commercial Services

,Director