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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Critical Path Management, LLC |
| (Name of Limited Liability Company) |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the following: |
| James Scroggs, Director of Operations |
| (Name of Person) |
| Critical Path Management, LLC |
| (Firm/Company) |
| (Name of Person) Critical Path Management, LLC (Firm/Company) 4318 Plainfield Ave. NE, Suite G |
| (Address) |
| Grand Rapids MI 49525 (City/State and Zip Code) |
| (Only/Blate and Zip Code) |
| For further information concerning this matter, please call: |
| James Scroggs, Director of Operations at (616) 301-0673 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: [] \$125.00 Filing Fee |

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: Critical Path Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") CPM Group, 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 (FEI number, if applicable) company is organized) 4. January 12, 2007 perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 4318 Plainfield Ave. NE. Suite G **Grand Rapids** ΜI 49525 (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: James Scroggs 4318 Plainfield Ave. NE, Suite G, Grand Rapids, MI 49525 Robert Eastway 4318 Plainfield Ave. NE, Suite G, Grand Rapids, MI 49525 Robert Sullivan 4318 Plainfield Ave. NE, Suite G, Grand Rapids, MI 49525 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.)

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.)

James Scroggs

Commercial Construction

Typed or printed name of signee

11. Nature of business or purposes to be conducted or promoted in Florida: General Contractor,

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.

| | Management, LLC able, the alternate name to be used in the state of Florida is: | |
|-----------------|--|---------------------------------------|
| CPM Group | | 9 |
| 2. The name and | d the Florida street address of the registered agent and office are: | OS JUN 10 |
| | NRAI Services, Inc. | · · · · · · · · · · · · · · · · · · · |
| | (Name) | T C |
| | 2731 Executive Park Drive, Suite 4 | 94 |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | P |
| | Weston, FL 33331 _{FL} | |
| • • | City/State/Zip | |
| · r | | |
| | ed as registered agent and to accept service of process for the above stated limit at the place designated in this certificate, I hereby accept the appointment as re | |

Filing Fee for Application

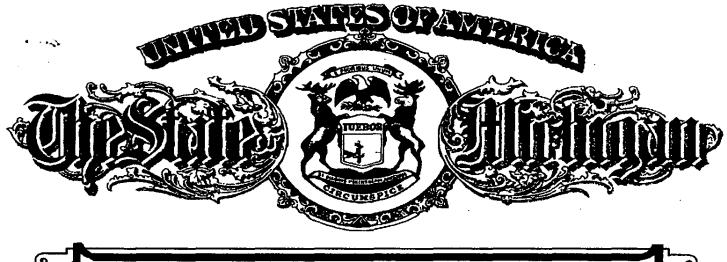
Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

\$ 100.00 \$ 25.00

\$ 30.00

5.00



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

CRITICAL PATH MANAGEMENT, LLC

was validly organized on January 12, 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 21st day of May, 2008

Bureau of Commercial Services

,Director

