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(City/State/Zip/Phone #)

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02/16/10--01011--021 **125.00

10 MAR -9 AM 10:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

MAR 10 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2010

KATHY TIGUE
COMPUTERIZED FACILITY INTEGRATION, LLC
18000 WEST NINE MILE ROAD, SUITE 550
SOUTHFIELD, MI 48075

SUBJECT: COMPUTERIZED FACILITY INTEGRATION, LLC
Ref. Number: W10000008014

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10 MAR -9 AM 10:51

We have received your document for COMPUTERIZED FACILITY INTEGRATION, 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 application indicates that your company began transacting business in Florida on May 1, 2007.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 210A00003917

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -9 AM 10:51

TO: Registration Section
Division of Corporations

SUBJECT: Computerized Facility Integration, 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:

Kathy Tigue

Name of Person

Computerized Facility Integration, LLC

Firm/Company

18000 W. Nine Mile Rd., Suite 550

Address

Southfield, MI 48075

City/State and Zip Code

ktigue@gocfi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Tigue

Name of Person

at (248)

Area Code & Daytime Telephone Number

557-4234 ext 6217

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Computerized Facility Integration, 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 3. 38-3603286
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/14/2001 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 5/1/2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 18000 W. Nine Mile Rd., Suite 550, Southfield, MI 48075
(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:

Robert Verdun, 18000 W. Nine Mile Rd., Suite 550, Southfield, MI 48075

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: _____

Technology Consulting

Kathleen Tighe
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.)

Kathleen Tighe
Typed or printed name of signee

FILED STATE
DIVISION OF CORPORATIONS
10 MAR -9 AM 10:51

**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:

Computerized Facility Integration, LLC

If unavailable, the alternate to be used in the state of Florida is:

CFI, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

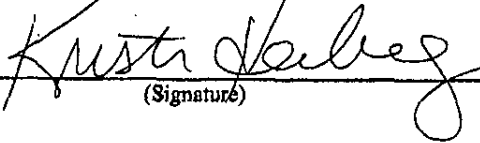
1200 South Pine Island Rd.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation, FL 33324

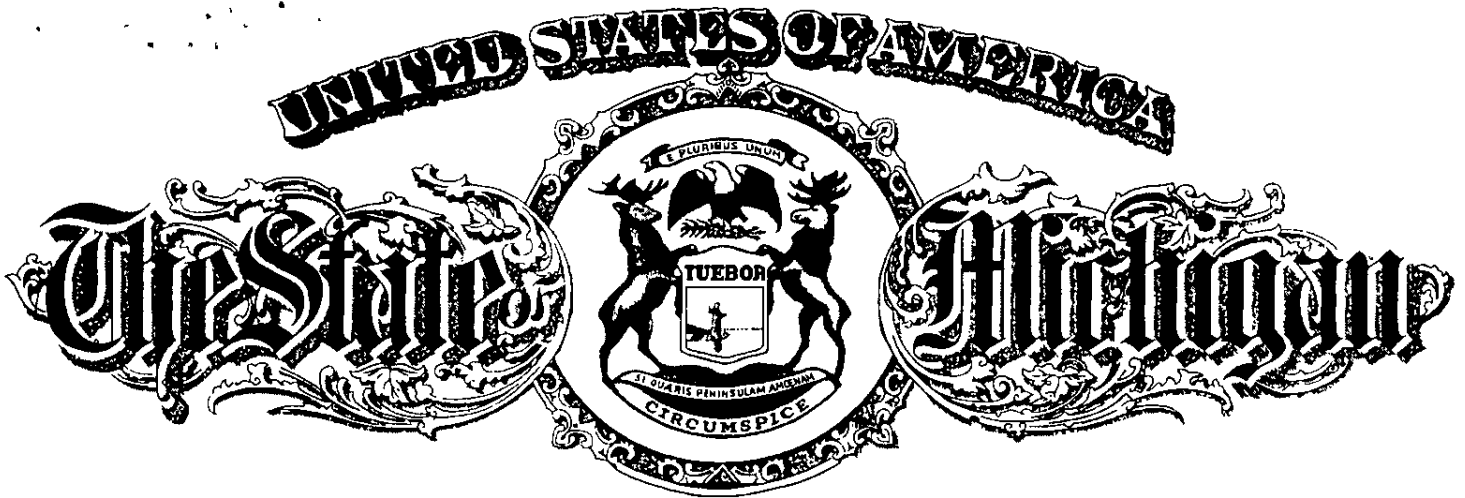
City/State/Zip

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, Florida Statutes.


(Signature)

Kristine Heiberger
Assistant Secretary

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



Department of Energy, Labor & Economic Growth

Lansing, Michigan

This is to Certify That

COMPUTERIZED FACILITY INTEGRATION, LLC

was validly organized on May 14, 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 29th day of January, 2010.

*, Director
Bureau of Commercial Services*