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SECRITARY OF STATE
TALLAHASSEE, FIORIE

D. BRUCE
MAR 2 1 2011
EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Pennam Corporate Investigative Services // C Name of Limited Liability Company	  -	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
Doan Payol	-	
Name of Person		
The Rehmann Group Firm/Company		
Firm/Company /		
SED Kratist, Suit 201		
Layung MI 4888 City/State and Zip Code		
Joan payne a rehmanm con	_	
E-mail address: to be used for future annual report notification)		
For further information concerning this matter, please call:	MAR	
Joan Fayne at 989, 797-8765	_ <del>c</del> s	
Name of Person Area Code & Daytime Telephone Number	- X	Ш
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	Ño Go	
Registration Section Registration Section	9	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\int_{\text{S125.00 Filing Fee}} \int_{\text{S130.00 Filing Fee}} \text{\$\text{S155.00 Filing Fee} & \text{\$\text{S160.00 Filing Fee}, Certified Copy} \int_{\text{Octtified Copy}} \int_{\text{S160.00 Filing Fee}} \text{\$\text{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 F LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	<i>OREIG</i> N
1. Change of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<b>-</b>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.")	
2. (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	_
company is organized)	
4. (Duration: Year limited liability company will cease to	_
exist or "perpetual")  6.	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	_
7. S8DD Gratiot Sagendin, MJ 48438	_
Saml	
(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:	
5000 Moderat With W	<u></u>
Samoniu MT 48/08 BE B	Ð
	_
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of a 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:	
Orposote I mustigation	····••
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
STEVEND. KELLY	
Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

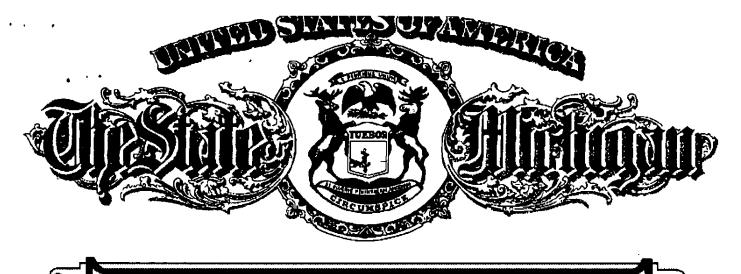
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  Ahmann Corporati Smulstigative Alemann	ins,LLC
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	Ze d
(Name)	MAR 18
14/5 Panthu Land Juite 159  Plorida Street Address (P.O. Box NOT ACCEPTABLE)	PH 2: 30 Y OF STATE EE, FLORIDA
City/State/Zip	NDA NOA

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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Bradh of Signature)

\$ 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

#### REHMANN CORPORATE INVESTIGATIVE SERVICES LLC

was validly organized on February 20, 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.



Sent by Facsimile Transmission 1037928

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of March, 2011

Direct

Bureau of Commercial Services