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To:

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Foreign Limited Liability Company RSM MCGLADREY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

COVER LETTER

TO:	Reg Divi	istration Section ision of Corporations	
SUBJ	ECT:	RSM McGladrey LLC	
			Name of Limited Liability Company
The ex Exists	ndosed nce, en	"Application by Foreign Limited ! d check are submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate of he above referenced foreign limited liability company to transact business in Florida
Please	renun	all correspondence concerning this	s matter to the following:
			Name of Person
			Pirm/Company
			Address
			City/State and Zip Code
			Vicid.Lubban@megladrey.com
		E-meil addres	se; (to be used for future amual report notification)
For fu	rther in	formation concerning this matter, p	•
		Name of Person	Ares Code & Daytime Telephone Number
	Divi Rugi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, PL 32314	STRUET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
	sad is	a check for the following an .00 Piling For 5130.00 Filing Certificate of	g Pee & S155.00 Filing Pee & S160.00 Filing Fee, Curtificate

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:

). RSM McGladrey LLC (Name of Porcign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "ILC.")	-
(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 Liabi Company," "LLC," "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	-
4. 11/16/2011 (Dute of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	TALLAHLSSE, FLORID
7. 3600 American Blvd. West, Third Floor, Bloomington, MN 55431	- 555 30 F
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here	A FIST
9. The name and usual business addresses of the managing members or managers are as follows: Output Output	20 A
RSM McGladrey Business Services, Inc., 3600 American Blvd. West, Third Floor, Bloomington, MN 55431	- -
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 cartificate is in a fireign language, a translation of the cartificate under cath of the translator must be submitted.)	= coords in
11. Nature of business or purposes to be conducted or promoted in Florida:	- 133320133
Accounting and other financial services	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), FS., the excussion of this document constitutes an affirmation under the penalties of paginy that the facts sated herein are true I am aware that any false information submitted in a document to the Department of Stais constitutes a third degree fellony as provided for in a.817.155, P.S.)	
R_ Peter Fontaine	
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 Lin	nited Liability Company is:				
RSM McGladrey LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and the F	lorids street address of the registered agent and office are:				
	C T Corporation System (Name)				
	1200 South Pine Island Road				
	Plorida Stroet Addresa (P.O. Box NOT ACCEPTABLE)				
	Plantatkyn FL 33324 City/State/Zip				
liability company at the agent and agree to act it relating to the proper an obligations of my positio	registered agent and to accept service of process for the above stated limited place designated in this certificate. I hereby accept the appointment as registered in this capacity. I further agree to comply with the provisions of all statutes and complete performance of my duties, and I am familiar with and accept the on as registered agent as provided for in Chapter 608, Florida Statutes.				
Ву:	Ketherine Lack, textenine Lackey, - Asst. Sec.				
	(
	\$ 100.00 Fling Fee for Application \$ 25.00 Designation of Registered Agent				
	\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)				

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "RSM MCGLADREY LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE
SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3051230 8300

111222639

JUTHENTY CATION: 9175171

DATE: 11-22-11

You may verify this cortificate online at corp.delaware.gov/authver.shtml