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B Tadlock APR 24 2012

COVER LETTER

TO:

Registration Section

	Simon DIC Attorn	eys & Counselors		
SUBJECT: _		ne of Limited Liability Company		
The enclosed ". Existence, and	Application by Foreign Limited Liab check are submitted to register the ab	ility Company for Authorization pove referenced foreign limited l	to Transact Business in Florida iability company to transact bus	," Certificate of iness in Florida
Please return al	Il correspondence concerning this ma	tter to the following:		
	Christine Bellafaire			
		Name of Person		
	Simon PLC Attorneys &	Counselors	•	
		Firm/Company		
	363 West Big Beaver Ro	ad Suite 250		
		Address		
	Troy, Michigan 48084			
		City/State and Zip Code		
	cbellafaire@simonatty	's.com		
	E-mail address: (t	o be used for future annual repo	rt notification)	
For further info	ormation concerning this matter, pleas	se call:		
	Christine Bellafaire	at (248)	720-0290	
	Name of Person	Area Code & Daytime Tele	phone Number	
Divisi Regist P.O. B	on of Corporations ration Section Sox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amou 00 Filing Fee \$\int\\$	e & \$155.00 Filing Fee &	\$160.00 Filing Fee, Certification of Status & Certified Copy	



March 14, 2012

CHRISTINE BELLAFAIRE 363 WEST BIG BEAVER ROAD STE 250 TROY, MI 48084

SUBJECT: SIMON LLC ATTORNEYS & COUNSELORS

Ref. Number: W12000014700

We have received your document for SIMON LLC ATTORNEYS & COUNSELORS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 212A00009283



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2012

CHRISTINE BELLAFAIRE 363 WEST BIG BEAVER ROAD STE 250 TROY, MI 48084

SUBJECT: SIMON PLC ATTORYNEYS & COUNCELORS

Ref. Number: W12000018341

We have received your document for SIMON PLC ATTORYNEYS & COUNCELORS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 512A00010793

LAW OFFICES SIMON PLC ATTORNEYS & COUNSELORS 363 W BIG BEAVER STE 250

TROY, MICHIGAN 48084 Telephone (248) 720-0290 Facsimile (248) 720-0294 Cbellafaire@simonattys.com

FACSIMILE

DATE: 4/23/2012

TO: Brenda Tadlock

Florida Division of Corporations

6030

FAX: 850-245-6851-

From: Christine Bellafaire

Number of Pages (Including Cover Sheet):

SUBJECT: Please find attached revised paperwork for application to do business in Florida as a foreign corporation, as per our telephone conversation. Please let me know if you need anything further.

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: 1. Simon PLC Attorneys & Counselors (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Simon Attorneys & Counselors 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.") State of Michigan (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. Perpetual 12/1/2000 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. 2/1/2012 (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 363 West Big Beaver Road Suite 250 Troy, Michigan 48084 (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 follo Frank R Simon 363 West Big Beaver Road Suite 250 Troy, Michigan 48084 10. Attached is an original certificate of existence, no more than 90 days old, duly authornicated 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 cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Legal Services 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.)

Frank R Simon

Typed or printed name of signce

PAGE 03

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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	of the Limited Liability Company is:	•	
Simon PL	C Attorneys & Counselors		
If unavailable,	the alternate to be used in the state of Florida is:		
Simon Att	orneys & Counselors LLC	1	
2. The name a	and the Florida street address of the registered agent and office are:		
	Frank R Simon	7A.S	
	(Name)	2012 APR 23 SECRETAR' TALLAHASS	7
	110 E. Broward Blvd Ste 1700 Florida Street Address (P.O. Box NOT ACCEPTABLE)	APR 23 AM RETARY OF AHASSEE, F	m
	Fort Lauderdale FL 33301 City/State/Zip	M 9:51 STATE FLORID	O

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)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

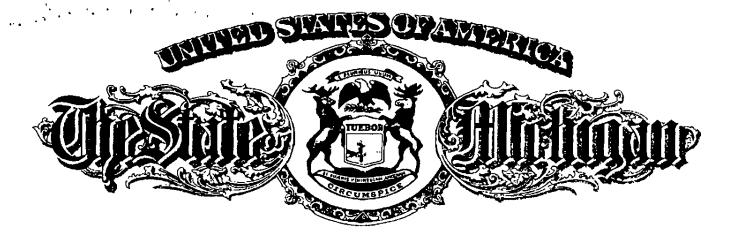
\$ 5.00 Certificate of Status (optional)

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of Simon PLC Attorneys & Counselors		
(Name of Limited Liability Company)		
a limited liability company duly organized and existing under the laws of		
Michigan		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the		
following name to transact business in the state of Florida:		
Simon Attorneys & Counselors LLC 💆 💆	201	
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability—Company, L.L.C., or LLC.)	2012 APR 23	7
Date: 4/20/2012 ASSRY	23	
Signature(s) of Manager(s) and/or Managing Member(s):	至	-
Frank R Simon, Managing Member	و.	
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PAGE 04



Department of Licensing and Regulatory Affairs Lansing, Michigan

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This is to Certify That

SIMON PLC ATTORNEYS & COUNSELORS

was validly organized on December 1, 2000 as a Professional 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 19th day of March, 2012

Bureau of Commercial Services