

Division of Corporations Electronic Filing Cover Sheet

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(((H120003035043)))



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Division of Corporations

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Email Address:

Foreign Limited Liability Company ACCESS MANAGEMENT, L.L.C.

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12/28/2012

CT CORPORATION

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COVER LETTER

TO:		ration Section on of Corporations		
SUBJI	rct:	ACCE	SS MANAGEMENT, L.L.C.	
The en Exister	closed "/ nce, and o	م d lbl مر Application by Foreign Limited L sheck are submitted to register the	Name of Limited Liability Company Access Management of Michigan, L iability Company for Authorization to Transact Business in Florida, a above referenced foreign fimited liability company to transact businesses to the followings.	" Certificate of ness in Florida.
Lič#Þe	rointii at	correspondence concerning this	mano w mo tono mag.	
	•	Steve Manasco	Name of Person	
		A annua Manuacin ant III C		
	Access Management, LLC Pirm/Company		Pirm/Company	
		42400 Grand River Ave Suite 2	00	•
	Address		Address	
		Novi, MI 48375		
	City/State and Zip Code		City/State and Zip Code	
		Smanasco@accasspointhr.com		
	•	E-mail address:	(to be used for future annual report notification)	
For furt	iher infor	mation concerning this matter, pl	ease call:	
	Stove M	ลมสรดอ	et (248) 504-6539 .	
		Name of Person	Area Code & Daytime Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS; n of Corporations ution Section x 6327 sace, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallphasses, FL 32301	
		check for the following amo Filing Fee \$\int_\$	Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificat	ts

FLDS7 - JUIOS/2010 C T System Online



December 31, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RE-SUBMIT

CT CORPORATION

SUBJECT: ACCESS MANAGEMENT, L.L.C.

REF: W12000063768

Please retain original filing date of submission 12/28

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. You may download a fill-in-the-blank written consent form from our website www.sunbiz.org.

The alternate name 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 liability company. Suffixes in Florids: Limited Company, L.C., and LC.

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 $(6.51) \times (2.45-6.051$.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: H12000303504 Letter Number: 812A00030573

P.O BOX 6327 - Tailahassee, Florida 32314

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 Access Management, LLC. (Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
(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:
Access management of Michigan, LLC. (Name to be used by limited liability company in Florida. NOTE: Name must end will Limited Liability Company, L.L.C., or LLC.)
Date: 2/4/13
Signature(s) of Manager(s) and/or Managing Member(s):
Muccompany
<u> </u>
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CR2E122 (7/07)

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

LIMITED LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	er a purblu
1. ACCESS MANAGEMENT, L.L.C.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	ar)
Access Management of Michigan L.C. (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a co	v of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limit Company," "LLC," "LLC.")	ed Liability
,	
2. Michigan (Jurisdiction under the law of which foreign limited liability company is organized) 3. 38-3568815 (FEI number, if applicable)	
4, 11/27/2000 . 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")	sass to
6. 1/1/2012	1 مرا
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	EG
7 42400 Grand River Ave, Suite 200	三三
	SS
Novi, MI 48375 (Street Address of Principal Office)	FQ
	ES.
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:	, Am
Greg Packer 42400 Grand River Ave, Suite 200, Novi, MI 48375	
William C. Manasco 42400 Grand River Ave, Suite 200, Novi, MI 48375	
John Gillis 42400 Grand River Ave, Suite 200, Novi, MI 48375	,
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languages ranslation of the certificate under each of the translator must be submitted.)	y of records in age, a
1. Nature of business or purposes to be conducted or promoted in Florida:	
Professional Employer Organization	,
	•
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, P.1	, 3.)
SPEPHEN MANASCO	
Typed or printed name of signee	

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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.

	of the Limited Libbilit	• • •	
If unavailable	, the alternate to be us	ed in the state of Florida is:	
Access	Management	of Michigan, LLC	
2. The name a	and the Florida street a	address of the registered agent and office are:	<u>-</u>
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	SECT TALL
•		(Name)	10000000000000000000000000000000000000
	1200 South Pine Island I		28 ZSE
	Florida Si	treet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	PT. 33324	9. 0
		City/State/Zip	DE I

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.

CT Congention System

Angel Shearer

CT Concorption System

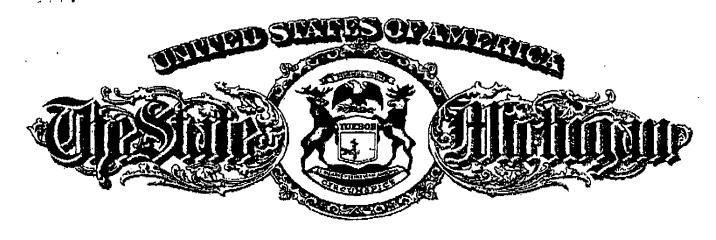
Angel Shearer

Assistant Secretary

(Signature)

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

FL057 - 10/05/2419 C T System Online





This is to Certify That

ACCESS MANAGEMENT, L.L.C.

was validly organized on November 27, 2000 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 lestimony whereof, I have hereunto set my hand, in the City of Lansing, this 27th day of December, 2012

Bureau of Commercial Services

GOLD SEAL APPEARS ONLY ON ORIGINAL

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