

M1500000 4364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

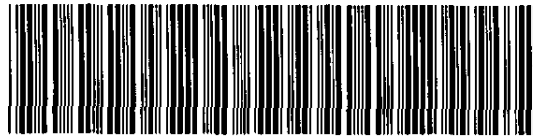
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



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06/04/15--01025--001 **125.00

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DIVISION OF CORPORATIONS
15 JUN - 2 PM 1:04
TALLAHASSEE, FLORIDA



FAX

777 Woodward Avenue, Suite 600
Detroit, MI 48226

Department: Legal

Phone: 313-324-3700 x1086

Fax:

To: Stacey Mason

From: Amy DiFranco

Fax: 850-245-6030

Date: June 2, 2015

Number of Pages: 6

Re: Foreign LLC filing

Message:

The filing fee (check # 39806) was mistakenly mailed on May 22, 2015 without the attached application.

Thank you for assistance with this matter.

RECEIVED
15 JUN -2 PM 1:22
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caidan Management Company, 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:

Michael Stines

Name of Person

Caidan Management Company, LLC

Firm/Company

777 Woodward Avenue, Suite 600

Address

Detroit, MI 48226

City/State and Zip Code

michael.stines@mhplan.com

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

For further information concerning this matter, please call:

Michael Stines

Name of Contact Person

313

Area Code

324-3746

Daytime Telephone Number

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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Caidan Management Company, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Michigan 3. 26-4004494
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

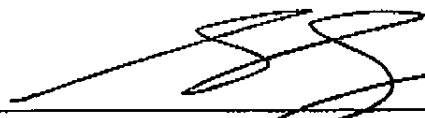
4. _____
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 777 Woodward Avenue, Suite 600
Detroit, MI 48226
(Street Address of Principal Office)

6. 777 Woodward Avenue, Suite 600
Detroit, MI 48226
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
See attached

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the signatory is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 9017.155, F.S.)

Sean Cotton

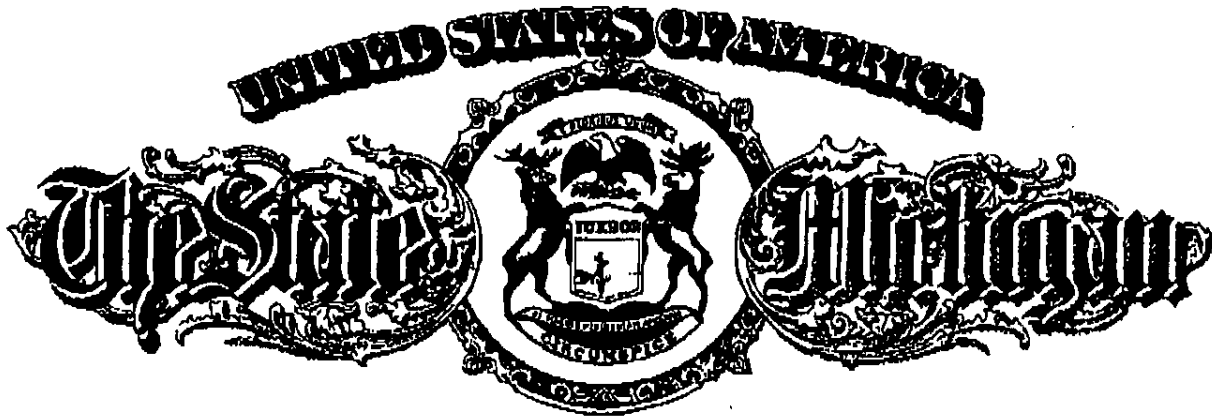
Typed or printed name of signee

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AM 1:05
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TALLAHASSEE
FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

1. Sean P. Cotton - Manager/Secretary
777 Woodward Avenue, Suite 600
Detroit, MI 48226
2. Jon B. Cotton - Assistant Treasurer/Manager
777 Woodward Avenue, Suite 600
Detroit, MI 48226
3. David B. Cotton, M.D. - President/Manager
777 Woodward Avenue, Suite 600
Detroit, MI 48226
4. Michael D. Cotton - Manager
777 Woodward Avenue, Suite 600
Detroit, MI 48226

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs
Lansing, Michigan

This is to Certify That

CAIDAN MANAGEMENT COMPANY, LLC

was validly organized on December 23, 2008 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
1313157

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 2nd day of June, 2015*

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Caidan Management Company, 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:

C T Corporation System

(Name)

1200 South Pine Island Road

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 605, Florida Statutes.


(Signature)

Assistant Secretary
Rebecca Barth

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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