Sterilization Management Group, LLC. 2797 West Morte Road, Suite 205 Bl. martin Plas, NA 801 9 52-845 grax: 24 93 88 7

Florida Department of State Secretary of State Registration Section 409 E. Gaines Street Tallahassee, FL 32399

200002382912--9 -09/02/97--01154--003 ****285.00 ****285.00

Dear Sir or Madam,

Enclosed please find an application to register a foreign limited liability company and designate a registered agent for Sterilization Management Group, L.L.C. We have also enclosed a check for \$285.00 and the certificate of existence from the state of Delaware.

Please send any correspondence or questions to the following address:

Ann Kennedy Sterilization Management Group, L.L.C. 4137 Waterwheel Lane Bloomfield Hills, MI 48302

(248) 932-8426

Thank you for your assistance.

Sincerely,

Ann Kennedy
Controller

Name Availability

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Acknowledgement

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:

STERILIZATION MANAGE Name of foreign limited liability company to contained in the name at present.)	MEMENT GR must end with the wo	roup, L.L.C. ords "limited company" or their abbr	reviation "L.C." if no
STATE OF DELAWAR! urisdiction under the law of which foreign impany is organized)	E limited liability 3.	38-332P560 (FEI number, if app	licable)
/2/// /96 (Date of Organization)	5.	(Duration: Year limited liability or exist or "perpetual")	(2024) ompany will ease to
February 1, 199 (Date first transacted busine	7 ess in Florida. (See sec	• • ′	5, F.S.)
2441 E.			
Tampa,	FL 33619 (Street address of p	rincipal office)	
	_		
st name, title, and business address all manage the foreign limited liabil NAME & ADDRESS:	ity company in Flo	member[MGRM] or manager orida: (attach additional page in NAME & ADDRESS:	[MGR]who f necessary) TITLE:
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Sterilized	ton						
Managornent Group, L. L.C. deposes and says:							
1) the above named limited liability company has at least two members							
2) the total amount of cash contributed by the member(s) is	\$ 10,000						
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$						
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ <u>/0</u> ,000,						
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ <u>· O-</u> .						
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)							

Filing Fee: \$250.00 for Application and Affidavit

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:		
	STERILIZATION MANAGEMENT BROUP, L.L.C.	 	- -
2.	The name and address of the registered agent and office are:	:	
Plant Manager, James Emory (Name)		 1	-;
	(Name)	,	: 1
	2441 & Meadow Block		
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	:.* :-:3	
	Tampe FL 33619 (City/State/Zip)		
	(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.

(Signature) 8/3 9/97 (Date)

Filing Fee: \$35 for Designation of Registered Agent

State of Delaware

Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERILIZATION MANAGEMENT GROUP, L.L.C." 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-FIFTH DAY OF AUGUST, A.D. 1997.



Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE

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2693156 8300

08-25-97