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		Office Use Only	
CORPORATION	NAME(S) & DOCUMENT NUM	IBER(S), (if known):	
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NEWFILINGS (AMENDMENTS		~~~~;
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NonProfit	Resignation of R.A., Officer/Direct	tor	STATE ORATION 9: 28
Limited Liability	Change of Registered Agent		SW.
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OTHER FILINGS	REGISTRATION/		
Examiner DCC Annual Report	QUALIFICATION		
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 4, 1998

DRCI, L.L.C. 354 INDUSCO CT. TROY, MI 48083

SUBJECT: DRCI, L.L.C.

Ref. Number: W98000027101

We have received your document for DRCI, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the Managing Members or the Managers. We don't list Officers.

The registered agent must sign accepting the designation.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 098A00057403

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.	eviation "L.C." if not
2. MICHIGAN (Jurisdiction under the law of which foreign limited liability company is organized) 3. 38-330245 (FEI number, if applications of the company is organized)	licable)
4. Aug. 1996. (Date of Organization) 5. Persetual (Duration: Year limited liability of exist or "perpetual")	ompany will cease to
6. 12-01-1999 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.1	55, F.S.)
7. 354 ENDUSCO CI TROY MT. 48083 (Street address of principal office)	30 86 3181A10
8. List name, title, and business address of each managing member[MGRM] or manage will manage the foreign limited liability company in Florida: (attach additional page	er[MGR]who
NAME & ADDRESS: TITLE: NAME & ADDRESS:	TITLE
Jason Bryant MANASER.	- B
37325 EUREGRADU	
ST H975, M: 48B10	variate : -

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of DRC1 L	CC
Jason Bryant certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>Z0,000</u> ;
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.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$ <u>Z0,000</u> .
(This total includes amounts from 2 and 3 above.)	SECRETAR DIVISION OF C 98 DEC 28
Joseph Byont	Y OF ST
Signature of a member or an authorized representative of a mem (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.)	ber. 28
JASON BRYANT	· .
Typed or printed name of signee	

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name and the Florida street address of the registered agent and office are:	
C. T. CORPORATION SYSTE	M
(Name)	, .
1200 SOUTH PINE ISLAN	
Florida street address (P.O. Box NOT ACCEPTABLE)	G ₹#
PLANTATION FI 33324	FILE ARY OR 28 P
FL 33327	
City/State/2/p	ATTON

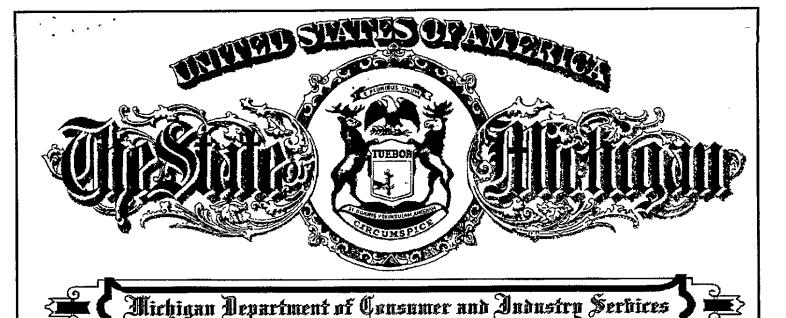
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

* The 9 Jille
(Signature)

1. The name of the Limited Liability Company is:

DRCI LLC

Filing Fee: \$ 35 for Designation of Registered Agent



Lansing, Michigan

This is to Certify That

DRCI, L.L.C.

DEC 28 AM

a Michigan limited liability company, filed Articles of Organization in this office on September 10, 1996.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date and a Certificate of Dissolution has not been filed.

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.

SECRETARY OF STATE DIVISION OF CORPORATION

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 4th day of November, 1998.

Julie Croll

Director

Corporation, Securities and Land Development Bureau