Document Number Only 00000064 C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 222-1092 Phone Zip State City CORPORATION(S) NAME -01/15/99--01074--010 ****285.00 ****285.00 Trident - Allied Associates () Profit () Merger () Amendment () NonProfit Limited Liability Company () Mark () Dissolution/Withdrawal 4)Foreign () Other UCC-1 /OUCCE () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name) Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem · () Call When Ready Pick Up () Will Wait Walk In () Mail Out PLEASE RETURN EXTRA COPY(S) Vame Availability 115 FILE STAMPED THANKS Document Examine AGIROJA, ZĘŚŚŁAJJAT Updater DEPARTMENT OF STATE Verifler 89:11MA BINAL 88 Acknowled RECEIVED W.P. Vedifier

CR2E031 (1-89)

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:

Trident-Allied Associate (Name of foreign limited liability of company" or their abbreviations "L.	ompany must end	with the words "limited liability or not so contained in the name at pre	empany" or "limit sent.)	ed
Michigan	3	Applied For		
(Jurisdiction under the law of whice company is organized)	h foreign limited		plicable)	
January 11, 1999.	5.	Perpetual		
(Date of Organization	n)	(Duration: Year limited liability cease to exist or "perpetual")	company will	
Upon Qualification				_
(Date first transacted	business in Florid	ia. (See sections 608.501, 608.502	and 817.155, F.S	.)
3400 East Lafayette				
Detroit, MI 48207				
	(Street add	lress of principal office)		
List name, title, and business will manage the foreign limited	ed liability comp	pany in Florida: (attach addition	onal page if nec	GR] who essary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
Peter C. Saputo	MGR			····
3400 East Lafayette	_			
Detroit, MI 48207	_			
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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 hotocopy 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

	Trident-Allied Associates L.L.C. certifies:		-
1)	the above named limited liability company has at least two members;		
2)	the total amount of cash contributed by the member(s) is	\$2,750,000.00	
•	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)	· · · · · · · · · · · · · · · · · · ·	\$2,750,0	000.00
	Poter C. Deports		
	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.)		SECRE DIVISION
	Typed or printed name of signee	115 PM12: 18	FILED TARY OF STATE OF CORPORATIONS

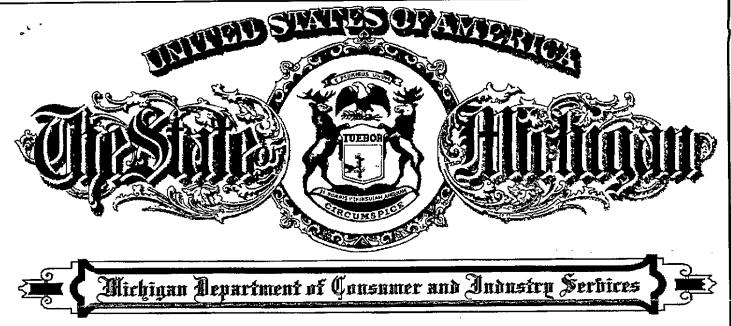
Filing Fee: \$250.00 for Application and Affidavit

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.

1.	The name of the Limited Liability Company is:									
	Trident-Allied Associates L.L.C.									
2.	The name and the Florida street address of the registered agent and office are:									
	C T CORPORATION SYSTEM	A	≥ ≈							
	(Name)	Ċ,	무중고							
	·	-	866							
	1200 South Pine Island Road	PM 12:	S S S							
	Florida street address (P.O. Box NOT ACCEPTABLE)		ATIE ATIE							
		8	DNS S							
	Plantation FL 33324									
	(City/State/Zip)									
liabi agen relat	ing been named as registered agent and to accept service of process for the above stated is lity company at the place designated in this certificate, I hereby accept the appointment of at and agree to act in this capacity. I further agree to comply with the provisions of all st ting to the proper and complete performance of my duties, and I am familiar with and acc gations of my position as registered agent.	is reg tatute	zisierea Is							
C T	CONVE BRYAN CONVE BRYAN SPECIAL ASSISTANT SECRETARY (Signature)									

Filing Fee: \$35 for Designation of Registered Agent



Lansing, Michigan

This is to Certify That

TRIDENT-ALLIED ASSOCIATES L.L.C.

a Michigan limited liability company, filed Articles of Organization in this office on January 11, 1999.

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.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14th day of January, 1999.

. Director

Corporation, Securities and Land Development Bureau