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<u>Tallahassee, FL 3230</u>	1 (850)222-1092	
City State Zip	Phone	700002918437
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#### 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:

THIRD PARTY INVESTORS I, I	L.C.	· — ·		
(Name of foreign limited liability co company" or their abbreviations "L.I	mpany must end L.C." or "L.C." if	with the word not so contain	Is "limited liability comp ed in the name at presen	pany" or "limited at.)
Delaware	3		38-344788	/
(Jurisdiction under the law of which company is organized)			(FEI number, if appli-	ECF
December 29, 1998	. 5.	Perpetual		
(Date of Organization)	) <sup>-</sup>		Year limited liability con t or "perpetual")	iric
Upon	Qualific	cation		
(Date first transacted b	usiness in Florid	a. (See sectio	ns 608.501, 608.502 and	1817.155, 意志
				<u> </u>
1209 Orange St., Wilmingto	on, DE 19801	<u> </u>		· · · · · · · · · · · · · · · · · · ·
		<del></del>		· · · · · · · · · · · · · · · · · · ·
	(Street addı	ress of principal	l office)	
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List name, title, and business ad will manage the foreign limited				
will manage the foleigh minted	madinity compa	any in Fioric	ia. (attacii additioliai	page if necessary
NAME & ADDRESS:	TITLE:	NAME &	& ADDRESS:	TITLE:
	********			
John Kneen	Manager	Greg B	eao	Manager
COMIT MIGGIT	<u></u> 0			44
901 Warrenville, Suite 2	.05	235 Ce	entral Avenue	
Lisle, IL 60532		~~ ~ ~ .	1 10 10100	-
	•	Hollar	nd, MI 49423	
Robert Schierbeek	Manager	Rañdal	l Damstra	Manager
500 Grand Bank Bldg.				
161 Ottawa Ave., NW	•	∠30 P€	earl Street, N.W.	
Garnd Rapids, MI 49503		Grand	Rapids, MI 49503	
			1007100, 111 1000	
•				
	Manacer			
Ken Filippini	Manager			<u></u>
Ken Filippini 170 College Avenue, Suit		<u> </u>		<u></u>
				<u></u>

<sup>9.</sup> 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.)

### 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:	•		
_	THIRD PARTY INVESTORS I, L.L.C.	<u></u> -,		
2.	The name and the Florida street address of the registered agent and office are:	99		
	C T CORPORATION SYSTEM (Name)	JUN 29		٠
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	PM 1: 39	0	-
	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.

C T CORPORATION SYSTEM

(Signature) Rest Secy.

Filing Fee: \$35 for Designation of Registered Agent

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of THIRD PART	T THAE	STOR	S 1,
Ţ	.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	\$	,000	,000 ;
	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.)	\$		0;
4)		:d \$25 ₹∽	5,000 9	0,000
		ECHATASS	9 JUN 29	
	John West		2	ED
	Signature of a member or 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	: 39	
	John J. Meilner			
	Typed or printed name of signee		•	

Filing Fee: \$250.00 for Application and Affidavit

## 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 "THIRD PARTY INVESTORS I, 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 JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED

99 JUN 29 PN 1: 39

SECNETARY DE STATE

Edward J. Freel, Secretary of State

2986518 8300

**AUTHENTICATION:** 

9829393

991258921

DATE:

06-25-99