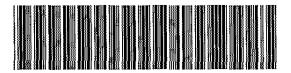
# P0700000 2185

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status |
|---|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)   |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)   |
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| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  |
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| Certified Copies Certificates of Status   |
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| Special Instructions to Filing Officer:   |
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Office Use Only



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2007 JAN -5 PH 2: 16

c8.15



| ACCOUNT NO. : 072100000032                                      |
|---|
| REFERENCE: 697842 5159509                                       |
| AUTHORIZATION:  |
| COST LIMIT: \$ 78.75  |
|   |
| ORDER DATE: January 4, 2007                                     |
| ORDER TIME : 3:22 PM ***PLEASE FILE 2ND****                     |
| ORDER NO. : 697842-010  |
| CUSTOMER NO: 5159509  |
|   |
| DOMESTIC FILING   |
| NAME: SHINGLE MITIGATION PARTNERS,                              |
| INC.  |
|   |
| EFFECTIVE DATE:   |
| XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP |
| CERTIFICATE OF DIMITED PARTNERSHIP ARTICLES OF ORGANIZATION     |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:                 |
| CERTIFIED CODY  |
| CERTIFIED COPY XX PLAIN STAMPED COPY                            |
| XX CERTIFICATE OF GOOD STANDING 521-1000                        |
| CONTACT PERSON: Susie Knight - EXT. 2956                        |
| EXAMINER'S INITIALS:  |

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Shingle Mitigation Partners, Inc.

# FILED 2007 JAN-5 PM 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

21 E. Long Lake Road, Suite 100, Bloomfield Hills, MI 48304

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Investment

# ARTICLE IV SHARES

The number of shares of stock is:

60,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Daniel J. Aronoff 21 E Long Lake Road, Suite 100

Bloomfield Hills, MI 48304

# ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Corporation Services Company 1201 Hays Street Taliahassee, FL 32301

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Daniel J. Aronoff 21 E Long Lake Road, Suite 100 Bloomfield Hills, MI 48304

Having been named as registered agent to/accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sue G. Knight
as its agent

Signature/Registered Agent

Signature/Incorporator

Sue G. Knight
as its agent

Date