Filing and License Fee: \$310.00 minimum

ID Number:	وسه
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

corpora	nt to the provisation hereby approved by the state of the	sions of Section 7- plies for a Certifica t:	1.2-1405 of le of Authori	the General Lity to transact t	aws of Rhode is ousiness in the St	land, 1956, tate of Rhod	as amended, e Island, and	the undersig	ned foreign ose submits
1. The	name of the co	proporation is <u>Han</u>	ileman Serv	rices Company			——————————————————————————————————————		
2. It is	incorporated ur	nder the laws of N	ichigan						
3. The	name, if differe	ent, which it elects t	use in Rho	ode Island is:					
(a)	"incorporated	of the corporation i" or "limited," or a ate endings for use	n abbreviatio	ion thereof, the	orporation does in list the name	not contain of the corpo	the word " ration with th	corporation," ne addition of	"company," one of the
(b)	If the corpora qualify and to application:	te name is not ava ransact business i	lable in Rho i Rhode Isla	ode Island, then and as stated	set forth below t in the "Fictitious	the fictitious Business N	name under t lame Statem	which the corp ent" to be file	poration will ad with this
4. The	date of its inco	rporation is 11/2	3/2007		_ and the period	d of its durati	on is <u>Perpetu</u>	al	
. The		uinninal affan in fle			. Iou o of ushiob it i	ia incornarat	ad In		
). INE	address of its b	orincipal office in the) State or cor	unuy under ule	RING OF MUCH IF	s incorporate	5U IS		
500 K	Cirts Blvd, Troy	, Michigan, 48084							
5. The	address of its p	proposed registered	office in Rh	ode Island is]	10 Weybosset Str		Address, not P	O Barri	
_			ъ.	22002		•		-	
Prov	vidence (City)	Town)	, Ri	(Zip Code)	and the name	or its propos	ea registerea	agent in Knoo	se island at
	(City)	10MII)		(Zip Guue)					
that	address is C	T Corporation Sys	tem						
				(Nami	e of Agent)				
7. The	purpose or pur	poses which it prop	oses to purs	sue in the trans	action of business	s in Rhode Is	sland are:		
		. ,	•						
Dist	ribution Servic	es							
		· · · · · · · · · · · · · · · · · · ·							
3. (a) T	The names and	respective address	es of its dire	ectors (optional	unless directors	are required	under the lav	ws of the state	or country
C	of which it is inc	orporated).							
		<u>N</u>	<u>ame</u>		•	A	<u>ddress</u>		
D	irector	Albert A Koch		500	Kirts Blvd, Troy	. MI 48084			
_	Director	Thomas C Braur	ı Jr		Kirts Blvd, Troy				١
_)irector	Thomas Schmid			Kirts Blvd, Troy		· · · · · · · · · · · · · · · · · · ·		20
_	Director					·		SIL	'
Ų	in water	 					· · · · · · · · · · · · · · · · · · ·	^	7 200

Form No. 150 Revised: 12/05 JAN 07 200 C

		-	incorporated). SEE A1 Name		<u>Address</u>			
	President	Thomas Schn		500 Kirts Blvd, Troy, MI 48084				
				500 Kirts Blvd, Troy, MI 48084 500 Kirts Blvd, Troy, MI 48084				
	Treasurer	Kenneth P. Kartje						
	Secretary							
ŧ	and series, if any, <u>Number o</u>	within a class, i	s: <u>Class</u>	to issue, itemized by classes, i <u>Series</u>	par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value			
-	60,000		Common		1.0000			
- 10. ((a) An estimate	of the value o	of all property to be	owned by the corporation fo	or the following year, wherever located, is			
(\$(c) An estimate, located within following year	expressed as a this state during, wherever local	a percentage, of the p ig the following year be ated, is	proportion that the estimated vers to the value of all property	Rhode Island during the following year is value of the property of the corporation to be y of the corporation to be owned during the nuttiply by 100 to obtain the percentage].			
	\$(b) An estimate		amount of business to		ition at or from places of business in Rhode			
	(c) An estimate,	expressed as t or from places d by the corpora	a percentage, of the	ane niirind ille illaciwiilli vidal L	nmount of business to be transacted by the pears to the gross amount thereof which will livide (b) by (a) and multiply by 100 to obtain			
	of which it is inco	porated.			er officer of the state or country under the laws			
13. ⁻	This Application for than the 90 th day	or Certificate of after the date of	Authority shall be effect fitting	ctive upon filing unless a spec	cified date is provided which shall be no later			
				examined this Applicat	jury, I declare and affirm that I have tion for Certificate of Authority, including attachments, and that all statement are and correct.			

Attachment to Rhode Island Officers & Directors

I Full Name: Thomas C Braum Jr
Officer/Director: Officer, Director

Officer's Title: Executive V.P. and CFO

Business Address: 500 Kirts Blvd

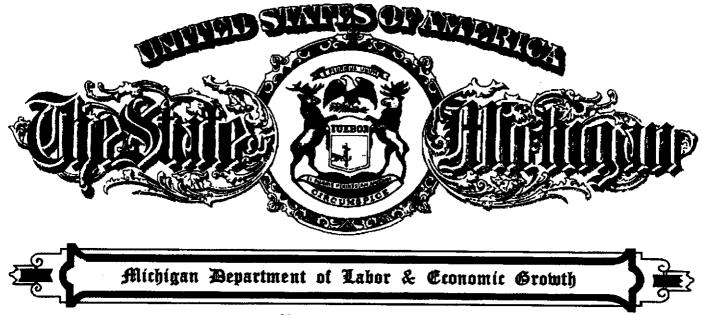
City: Troy
State: MI
ZIP Code: 48084

2 Full Name: Gregory Mize

Officer/Director: Officer

Officer's Title: V.P. and Treasurer
Business Address: 500 Kirts Blvd

City: Troy
State: MI
ZIP Code: 48084



Lansing, Michigan

This is to Certify That

HANDLEMAN SERVICES COMPANY

a Michigan profit corporation was validly incorporated on November 28, 2007, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

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, in the City of Lansing, this 26th day of December, 2007.

, Directoi

Bureau of Commercial Services